STATEMENT
of the
PERIOD OF STUDIES
Academic year 20.. /20..

This document should be completed by any responsible person at the Host University and sent back to our office by mail to erasmus@unisob.na.it

The student .....from **the Università degli studi Suor Orsola Benincasa**, Napoli registered as an Erasmus exchanges programme student for .....months.

Host University: .....

Date of arrival

day month year

Department / Faculty: .....

Field of studies: .....

Name of signatory: .....

Function:

.....

....
(Stamp and Signature) (Date)

Date of departure

day month year

Name of signatory: .....

Function:

.....

....
(Stamp and Signature) (Date)