Erasmus+ - Academic Year 2023/2024

**CERTIFICATE OF ATTENDANCE**

* **AT THE END OF THE STUDY PERIOD:** we kindly ask **the HOST UNIVERSITY** to fill in, stamp and sign this certificate and **SEND THE DOCUMENT BY E-MAIL** to [erasmus.outgoing@univpm.it](mailto:erasmus.outgoing@univpm.it) and to the student’s e-mail address

**We cannot accept certificates of attendance sent by the students**

|  |  |
| --- | --- |
| **STUDENT’S DATA** | |
| Name and Surname |  |
| UNIVPM Matriculation Number |  |
| Faculty/Department at UNIVPM |  |
| Sending Institution | Università Politecnica delle Marche – I ANCONA01 |
| Host University’s Erasmus Code |  |

|  |  |  |
| --- | --- | --- |
| **MOBILITY PERIOD** | | |
| The student completed a **physical mobility** | | |
| Duration of the mobility | from | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| to | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**To be filled in by the host University**

University Stamp

Signature: …………………………………………….

Name: …………………………………………………

Position: ………………………………………………