



TEACHING STAFF MOBILITY (STA)

A.A. 20____/20____

CONFIRMATION OF ERASMUS TEACHING MOBILITY

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| HOST INSTITUTION: UNIVERSITÀ DEGLI STUDI DEL SANNIO | ERASMUS CODE: I BENEVENO2 |
| FACULTY/DEPARTMENT: _____ | |
| FULL NAME TEACHER CONTACT: PROF./DR. _____ | |
| THIS IS TO CERTIFY THAT | |
| FULL NAME: PROF./DR. _____ | |
| SENDING INSTITUTION: _____ | ERASMUS CODE: _____ |
| FACULTY/DEPARTMENT: _____ | |
| HAS COMPLETED A STAY AT UNIVERSITY OF SANNIO, IN THE FRAMEWORK OF ERASMUS TEACHING MOBILITY. | |
| DATES OF START AND END OF THE TEACHING STAFF ACTIVITY: FROM _____ TO _____ | |
| NUMBER OF THEACHING HOUR (MIN. 5): _____ | |
| DURATION IN NUMBER OF WEEKS: _____ | |
| ISCED CODE: _____ | |
| HE HAS PROVIDED ACTIVITY OF TEACHING, INCLUDING SEMINARS AND EXCHANGES, WITH STUDENTS OF LEVEL: 1 ST CYCLE <input type="checkbox"/> 2 ND CYCLE <input type="checkbox"/> 3 RD CYCLE <input type="checkbox"/> | |
| TEACHER'S CONTACT: | |
| PROF. _____ | STAMP AND DATE: _____ |
| RECTOR'S DELEGATE FOR INTERNATIONAL RELATIONS | |
| PROF.SSA LORELLA M.T. CANZONIERO | STAMP AND DATE: _____ |

UNIVERSITA' DEGLI STUDI DEL SANNIO
AREA STUDENTI
SETTORE RELAZIONI E MOBILITA' INTERNAZIONALE
UNITA' ORGANIZZATIVA PROGRAMMI DI MOBILITA'
Via Giovanni De Nicastro, 13 – Ex Convento di Sant'Agostino 82100 BENEVENTO (ITALY)
☎ + 39 0824 305451-53; fax: + 39 0824 305408; ✉ erasmus@unisannio.it