ERASMUS TRAINEESHIP STATEMENT

Section 1: upon arrival, however no later than 5th days after your arrival, fill Section 1 signed and stamped by host Institution/Enterprise and send it to the International Office of Università degli Studi del Sannio. Completed form should sent to: erasmus@unisannio.it

Section 2: at the end of your ERASMUS PERIOD, fill Section 2 signed and stamped by the host Institution/Enterprise and send it to the International Office of Università degli Studi del Sannio.

Host Institution/Enterprise: ________________________________

Section 1 CONFIRMATION OF ARRIVAL

I confirm that Mr./Mrs. ________________________________ (name and surname)
coming from the Università degli Studi del Sannio – Erasmus code: I BENEVEN02, arrived at our Institution/Enterprise on ______/______/_______ (date – dd/mm/yyyy).

Name of the Host Institution Responsible: ________________________________
Position of the Host Institution Responsible: ________________________________
Signature of the Host Institution Responsible: ________________________________ stamp:

Section 2 CONFIRMATION OF DEPARTURE

I confirm that Mr./Mrs. ________________________________ (name and surname),
stayed at our Institution/Enterprise until ______/______/_______ (date – dd/mm/yyyy).

Name of the Host Institution Responsible: ________________________________
Position of the Host Institution Responsible: ________________________________
Signature of the Host Institution Responsible: ________________________________ stamp: