



CERTIFICATE OF ARRIVAL

LLP/Erasmus 2010/11

NAME OF THE HOST INSTITUTION / Erasmus Code

*To be filled in and signed by the person in charge of the host institution at the beginning of the study period
Once duly completed and signed, please send to:*

ERASMUS Office Università degli Studi di Bari Aldo Moro Fax: +39 080 571 44 63

It is hereby certified that:

Mr./Ms. _____,

coming from: UNIVERSITA' DEGLI STUDI DI BARI ALDO MORO

Erasmus Code: I BARI01

has been enrolled as a LLP/ERASMUS student at our Institution on

_____/_____/_____
(day) (month) (year)

at the Faculty/Department of _____.

Name of signatory: _____

Function: : _____

(place and date)

(Stamp and Signature)

A cura dello studente:
recapito cellulare estero (completo di prefisso):