

CERTIFICATE OF ARRIVAL

LLP/ERASMUS PROGRAMME ACADEMIC YEAR 200_ /20__

(AT THE HOST INSTITUTION)

*(to be filled in and signed by the responsible of the host institution
at the beginning of the study period abroad)*

Name of student: _____
Sending Institution: UNIVERSITA' DEGLI STUDI DI BARI Country: ITALY
Faculty of: _____ Erasmus Code: I BARI 01
Departmental Coordinator: _____ Tel: _____ Fax: _____
Institutional Coordinator: Dott. Francesco TRITTO Tel: +39/080/5714561-4997 Fax: +39/080/5714631

Receiving Institution: _____
Erasmus code: _____ Country: _____
Erasmus Office: _____ Tel: _____ Fax: _____

IT IS HEREBY CERTIFIED THAT:

Mr./Ms. _____

**has been enrolled as an LLP/ERASMUS student 200_/20__ at our
Institution**

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

At the Faculty/Department of _____

(place and date)

(Stamp and Signature)

**Name of
signatory:** _____
(ERASMUS Coordinator / International Relations Officer)

Function: _____

**To be sent to:
I BARI 01
ERASMUS Office
Università di Bari
Fax: +39 080 571 46 31**