



**CERTIFICATO DI PERMANENZA**  
**Certificate of attendance**

**Staff member:** \_\_\_\_\_

**Home Institution:** Università degli Studi Internazionali di Roma – UNINT (I ROMA20)

**Receiving Institution:** \_\_\_\_\_

**Erasmus Code (if available)** \_\_\_\_\_

**To be completed by the Responsible person at the International Office  
of the Host Institution**

We confirm that the above mentioned Staff Member performed the mobility for training under the ERASMUS+ programme at our institution between:

\_\_\_\_\_ and \_\_\_\_\_

day      month      year      day      month      year

**To be completed by the Responsible person at the International Office  
of the Host Institution**

Name: \_\_\_\_\_ Stamp

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_