**ERASMUS + STT ATTESTAZIONE PERIODO/STATEMENT PERIOD FORM**

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| --- |
| **PERSON IN CHARGE**  |
| Fist Name/ Last Name |  |
| Position |  |
| **HOST INSTITUTION** |
| Name |  |
| Erasmus ID |  |
| Contry |  |

**CERTIFIES THAT:**

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| --- |
| **STT of the UNIVERSITY of INSUBRIA** |
| Fist Name/Last Name |  |
| **spent a mobility period at this Institution as part of the ERASMUS plus programme**  |
| From  |  |
| To |  |

|  |  |
| --- | --- |
| Place |  |
| Date |  |
| Signature |  |
| Stamp of the Institution |  |