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

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

**CERTIFIES THAT:**

|  |  |
| --- | --- |
| **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 |  |