**ERASMUS + Teaching Staff Mobility A.A. 2023**

**ATTESTAZIONE PERIODO/STATEMENT PERIOD FORM**

|  |  |
| --- | --- |
| **PERSON IN CHARGE OF TEACHING MOBILITY** | |
| Fist Name |  |
| Last Name |  |
| Position |  |
| **HOST INSTITUTION** | |
| Name |  |
| Erasmus ID |  |
| Contry |  |

**CERTIFIES THAT:**

|  |  |
| --- | --- |
| **TECHING STAFF of the UNIVERSITY of INSUBRIA** | |
| Fist Name |  |
| Last Name |  |
| **LECTURED** | |
| At (Faculty, Department) |  |
| From |  |
| To |  |
| Hours of teaching |  |

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