**ATTESTAZIONE PERIODO / STATEMENT PERIOD FORM**

**Allegato II all’Accordo Finanziario / Annex II to the Financial Agreement**

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| **La durata effettiva della mobilità viene calcola sulla base delle date qui certificate**Il modulo deve essere completato dalla sede ospitante e RESTITUITO allo studente. Entro 15 giorni dalla fine della mobilità lo studente consegnerà l’originale all’Ufficio Relazioni Internazionali che verificherà il periodo**\*\*** effettivamente svolto all’estero; se risulterà diverso da quanto indicato nell’Accordo Finanziario e corrisposto, l’ufficio procederà al ricalcolo e alla richiesta di restituzione.**The effective duration of the mobility gathers from the dates herewith certified** This form shall be completed by the host Institution and RETURNED to the student. Within 15 days from the end of the mobility the student will deliver the original paper to the International Relations Office that will double-check**\*\*** the period actually spent abroad; if it does not match with the one stated in the Financial Agreement and granted, the IRO will recalculate the grant and ask for a refund. |
| a cura dello studente / to be filled in by the student |
| **the Erasmus student**name and last name |  |
| **arrived at** specify the host Institution’s name |  |
| **Erasmus code** of the host Institution (if applicable) |  |
|  |  |
| **ARRIVAL** | a cura dell’ente ospitante / to be filled in by the host institution |
| on (dd/mm/yyyy) **\*\*** | mobility start date: \_\_\_\_ / \_\_\_\_ /\_\_\_\_\_\_\_\_primo giorno obbligatorio presso l’Università ospitante, welcome day/corso di lingua antecedenti l’inizio dei corsi inclusi / first day of compulsory attendance at the host institution, welcome day/language course preceding classes included |
| name/position of the person in charge at the host Institution |  |
| signature |  |
| official stampof the host Institution |  |
|  |  |
| **DEPARTURE** | a cura dell’ente ospitante / to be filled in by the host institution |
| on (dd/mm/yyyy) **\*\*** | mobility end date: \_\_\_\_ / \_\_\_\_ /\_\_\_\_\_\_\_\_  |
| name/position of the person in charge at the host Institution |  |
| signature |  |
| official stampof the host Institution |  |