

*SMS*

*Validation of the Erasmus Study period by the Host Institution*

*A.Y. 20\_\_/20\_\_*

**Sending Institution :** University of Sassari – I SASSARI01

 **Department:**

**Stay Certificate**

Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

We hereby certify that the above-named student has been enrolled in our Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as an ERASMUS+ student in order to complete his/her studies during the following period:

Physical mobility: from \_\_\_\_/\_\_\_\_/20\_\_\_\_\_ to1 \_\_\_\_/\_\_\_\_/20\_\_\_\_\_

Eventual virtual mobility period: from \_\_\_\_/\_\_\_\_/20\_\_\_\_\_ to1 \_\_\_\_/\_\_\_\_/20\_\_\_\_\_

|  |  |
| --- | --- |
|  | Stamp of the Host Institution: |
| Nameand function of signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Date1: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_1The present certificate must be filled in and signed by the Receiving Institution ABSOLUTELY NOT BEFORE the end of the student's mobility The present certificate won’t be valid if the date of the signature precedes the above indicated date of end of mobility. *La data di sottoscrizione non deve essere anteriore a quella riportata*  |

N.B.. da consegnare all’Ufficio Relazioni Internazionali dell’Università di Sassari entro 10 giorni dalla conclusione della mobilità

*(to be handed in to the International Relations Office of the University of Sassari at the end of the stay).*