CARTA INTESTATA ISTITUTO OSPITANTE

To

Università degli Studi di Firenze
Piazza San Marco 4
50121 Firenze (ITALY)

CONFIRMATION OF FINAL PERIOD

We herewith confirm that Prof./Ms./M. _____________________________________________________
(name and surname)
from Università degli Studi di Firenze – Erasmus Code I FIRENZE01
has spent a Teaching Staff Mobility in the framework of the Erasmus KA131 Programme at
_______________________________________________________________________________
(name of the host institution and Erasmus Code)

from _________________                    to _______________
(day/month/year)    (date: day/month/year)*

He/She has followed the following programme:

☐ Teaching
☐ Teaching + Training

Number or teaching hours ___________________________
(min 8/week for Teaching Mobility, min 4/week for Teaching+Training Mobility)

Signature

name and function of the signatory

Place and date

Seal