

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 _____

(day/month/year)

to _____

*(date: day/month/year)**

He/She has followed the following programme:

- Teaching
- Teaching + Training

Number or teaching hours _____

(min 8/week for TeachingMobility, min 4/week for Teaching+Training Mobility)

Signature

name and function of the signatory

Place and date

Seal