## CERTIFICATE OF ARRIVAL
## Academic Year 2024 – 2025

Name of the host Institution _____

This is to certify that

_____

Erasmus student for traineeship from Università degli Studi G. d'Annunzio di Chieti – Pescara

arrived at our Institution on

| day | month | year |
|---|---|---|
| | | |

Date of issue_____
(this date cannot be earlier than the date of arrival)

Signature of the Host Institution

Stamp of the Host Institution

_____
Name and Job title of the signatory:

_____

THIS FORM SHALL NOT BE CONSIDERED VALID IF IT CONTAINS ERASURES OR CORRECTIONS

A CURA DELLO STUDENTE UDA: UNA COPIA SCANSIONATA DEL MODULO FRIMATO DEVE ESSERE INVIATA ENTRO 5 GIORNI DALL'ARRIVO A TRAINEESHIP@UNICH.IT