



Erasmus+ International Credit Mobility (Azione KA171)

CONFIRMATION OF STAY ¹

Home University: _____

Host University: _____

This is to certify that:

Name of staff member: _____

This is to certify that the teacher undertook the teaching mobility under the Erasmus+ ICM project at our institution from ___/___/___ to ___/___/___ of the 202.../202... academic year.

The total number of teaching hours delivered at our institution was _____ .

Date: Name and function: _____ Signature: _____	Stamp
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¹ The Confirmation of Stay must be filled in and approved by the International Office, or an academic or a director of the receiving Department/Institute. It must be sent to the International Office (icm@unisi.it) together with a copy of the boarding pass.