*Ministero dell’Istruzione, dell’Università e della Ricerca*



ACCADEMIA DI BELLE ARTI DI NAPOLI

Via Costantinopoli, 107/a - 80138 NAPOLI - Tel. &Fax 081/19706894

**CERTIFICATE OF ARRIVAL AND DEPARTURE**

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| **Student’s Name Surname**  **From Accademia di Belle Arti di Napoli**  **Enrolled in the degree course in**  **Academic year 20 / 20** |

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| **ARRIVAL**  (To be signed by a member of the staff of the host institution)  IT IS CERTIFIED THAT THE STUDENT HAS STARTED HIS STUDIO PERIOD TO OUR INSTITUTION  **Institution:**  **Responsible Erasmus Name Surname :**  **Position:**  **Date of arrival:**  **Signature and official stamp of the institution** |
| **DEPARTURE**  (To be signed by a member of the staff of the host institution)  IT IS CERTIFIED THAT THE STUDENT HAS TERMINATED HIS STUDIO PERIOD TO OUR INSTITUTION  **Date of departure**  **Signature and official stamp of the institution** |