*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** |