1. **KEY ACTION 1: LEARNING MOBILITY OF INDIVIDUALS**

**ACTIVITY: STUDENT MOBILITY BETWEEN PROGRAMME COUNTRIES**

1. **A.Y. 202\_\_/202\_\_**

 **ARRIVAL CONFIRMATION**

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|  |  |
| --- | --- |
| **Type of the activity abroad** | * **Study**
* **Traineeship**
 |
| **Student's full name (first and last name)** |  |
| **Name of Sending Institution and Erasmus ID** | **UNIVERSITY OF TERAMO - I TERAMO01** |
| **Name of hosting Institution/organization and Erasmus ID** **(if applicable)** |  |

**We confirm** that the above–mentioned student has started his/her mobility period at our Institution/organisation on:

|  |  |  |
| --- | --- | --- |
| ***Day*** | ***Month*** | ***Year*** |
|  |  |  |

 according to the following mobility format:

**🞏 in presence** **at our institution**/organization

**🞏 remotely from** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(host Institution country) **–**

**🞏 remotely from Italy** (home Institution country).

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Signature** |  |
| **Place and date** |  |

**Institution/Organization official stamp**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The* ***Arrival Confirmation****, duly completed and signed by the host institution, must be sent by e-mail,* ***within 3 working days (maximum 5 days)*** *of the student's arrival at the host institution,* ***to****:*

* ***For Mobility for Study:****gditommaso@unite.it* *and* *gcacciatore@unite.it*
* ***For Mobility for Traineeship:*** ***spalombieri@unite.it*** ***and*** ***gcacciatore@unite.it***