



Staff Mobility for Training
Academic Year 2016/2017

Host Institution: _____

Home Institution: **UNIVERSITA' DEGLI STUDI DI TERAMO – I TERAMO01**

IT IS HEREBY CERTIFIED THAT:

has spent an ERASMUS Training Staff Mobility at our Institution:

From _____, 201____ to _____, 201____
day month year day month year

In the Department (s)/Faculty/of: _____

Date _____

Stamp and Signature _____