UNIVERSITÀ DEGLI STUDI DELL'AQUILA
Area ricerca e trasferimento tecnologico
Ufficio relazioni internazionali

**To be completed by the Host Institution**

# ERASMUS+ 20__/20__

# Letter of Confirmation

It is hereby certified that

Mr/Ms _____

has been an ERASMUS student at our institution
from ___/___/20___ to ___/___/20___
(day/ month/ year) (day/ month/ year)

in the Department/Faculty of

_____

carrying out the activities in the framework of the Erasmus+.

The Transcript of Records (ToR) will be sent via e-mail to uri@strutture.univaq.it directly by the Host Institution.

_____ _____
Date Stamp and signature

*Name of the host Institution:* _____

*Name of the signatory:* _____

*Function:* _____.