

DIVISIONE DIDATTICA

Letter of Confirmation (Certificato di Permanenza)

STUDENT'S NAME	
DEPARTMENT OF	
Confirmation of Ar	rival
We confirm that the above -mentioned student has arrived at our Institution on:	
for an estimated period of study of months. (Day/Month/Year)	
Name:	
Position:	
Signature:	
	Official Institutional Stamp
Confirmation of Departure	
We confirm that the above -mentioned student left our Institution on:	
(Day/ Month/	Year)
Name:	
Position:	
Signature:	Official Instituti onal Stamp