CARTA INTESTATA ISTITUTO OSPITANTE

To

Università degli Studi di Firenze

Piazza San Marco 4

50121 Firenze (ITALY)

## CONFIRMATION OF FINAL PERIOD

We herewith confirm that Prof./Ms./M. _____

*(name and surname)*

from Università degli Studi di Firenze – Erasmus Code I FIRENZE01

has spent a Teaching Staff Mobility in the framework of the Erasmus KA131 Programme at

_____

*(name of the host institution and Erasmus Code)*

from _____ to _____

(day/month/year) (date: day/month/year)*

He/She has followed the following programme:

- ☐ Teaching
- ☐ Teaching + Training

Number or teaching hours _____

*(min 8/week for TeachingMobility, min 4/week for Teaching+Training Mobility)*

☐

Signature

name and function of the signatory

Place and date

Seal