



TEACHING STAFF MOBILITY (STA)
A.A. 20___/20___

CONFIRMATION OF ERASMUS TEACHING MOBILITY

HOST INSTITUTION: UNIVERSITÀ DEGLI STUDI DEL SANNIO	ERASMUS CODE: I BENEVENO2
FACULTY/DEPARTMENT: _____	
FULL NAME TEACHER CONTACT: PROF./DR. _____	
THIS IS TO CERTIFY THAT	
FULL NAME: PROF./DR. _____	
SENDING INSTITUTION: _____	ERASMUS CODE: _____
FACULTY/DEPARTMENT: _____	
HAS COMPLETED A STAY AT UNIVERSITY OF SANNIO, IN THE FRAMEWORK OF ERASMUS TEACHING MOBILITY.	
DATES OF START AND END OF THE TEACHING STAFF ACTIVITY: FROM _____ TO _____	
NUMBER OF THEACHING HOUR (MIN. 5): _____	
DURATION IN NUMBER OF WEEKS: _____	
ISCED CODE: _____	
HE HAS PROVIDED ACTIVITY OF TEACHING, INCLUDING SEMINARS AND EXCHANGES, WITH STUDENTS OF LEVEL:	
1 ST CYCLE <input type="checkbox"/> 2 ND CYCLE <input type="checkbox"/> 3 RD CYCLE <input type="checkbox"/>	
TEACHER'S CONTACT:	
PROF. _____	STAMP AND DATE: _____
RECTOR'S DELEGATE FOR INTERNATIONAL RELATIONS	
PROF.SSA LORELLA M.T. CANZONIERO	STAMP AND DATE: _____

UNIVERSITA' DEGLI STUDI DEL SANNIO
AREA STUDENTI
SETTORE RELAZIONI E MOBILITA' INTERNAZIONALE
UNITA' ORGANIZZATIVA PROGRAMMI DI MOBILITA'
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