

Università degli Studi di Napoli "Parthenope"

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Via Amm. F. Acton, 38 80133 – Napoli ITALY

UFFICIO SERVIZI INTERNAZIONALIZZAZIONE E COMUNICAZIONE LINGUISTICA VIA ACTON, 38 – 80133– NAPOLI – TEL.0815475828-26 E-MAIL: INTERNAZIONALE.LINGUE@UNIPARTHENOPE.IT



CERTIFICATE OF DEPARTURE

Academic Year 20_____ - 20_____

University of _____ Erasmus code: _____

IT IS HEREBY CERTIFIED THAT:

Mr.	from the University of	has been an ERASMUS+
IVII.	_ , from the University of _	

student at OUR Institution, between _____ and _____

in the Department of: _____

Area Code: .

Name of the signatory: _____

Function: _____

Date

Stamp and Signature of the head of the Office

Please note that the form must not contain any erasures or alterations, unless those erasures or alterations have been authenticated by the stamp and signature of the authorized signatory.

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