

CONFIRMATION OF STAY

Student's name: _____

Date of birth: _____

Host University: _____

Home University: Università degli Studi di Bari "Aldo Moro"

Erasmus Code: I BARI01

Starting date of the Erasmus+ mobility: _____

Ending date of the Erasmus+ mobility: _____

Academic year: 20____/20____

Date

Stamp and Signature

Name of the signatory : _____

Function : _____

SEZIONE INTERNAZIONALIZZAZIONE
U. O. MOBILITA' INTERNAZIONALE

Centro Polifunzionale Studenti
P.zza Cesare Battisti - 70121 Bari (Italia)
tel / fax: (+39) 080 5714978
luisa.nasta@uniba.it
<http://uniba.llpmanager.it/studenti/>
c.f. 80002170720 p. iva 01086760723