CERTIFICATE OF ARRIVAL AND DEPARTURE

(to be completed, stamped and signed by the Erasmus contact person of the receiving institution)

Student's Name:	
Home University:	BOCCONI UNIVERSITY – I MILANO 04
Hosting University:	

PART 1: TO BE F	ILLED IN UPON ARRIVAL		
I, the undersigne	ed (name and surname)	•••••	
Position:			hereby declare that the above
mentioned stude	ent arrived at our Institution on:/_	/_	
Date,	Signature and stamp		
PART 2: TO BE F	ILLED IN UPON DEPARTURE		
I, the undersigne	ed (name and surname)		
Position:			hereby declare that the above
mentioned stude	ent is departing from our Institution on: _	/	/
Date,	Signature and stamp		

Note on mobility dates:

The start date of the mobility period shall be the first day that the participant needs to be present at the receiving organisation. The end date of the period abroad shall be the last day the participant needs to be present at the receiving organisation.

