**Student Mobility for Studies**

**International Mobility**

**CONFIRMATION OF PERIOD**

(to be completed at the end of the mobility)

**The student**

|  |  |
| --- | --- |
| UNIMIB registration number |  |
| Name |  |
| Surname  |  |

**has been registered as full-time exchange student at**

|  |  |
| --- | --- |
| Receiving Institution |  |
| ID Erasmus |  |  |

**Mobility type and duration**

|  |
| --- |
| **□ PHYSICAL MOBILITY** |
| from (dd/mm/yyyy) | to (dd/mm/yyyy) |
| **□ BLENDED MOBILITY** |
| Physical mobility | from (dd/mm/yyyy) | to (dd/mm/yyyy) |
| Virtual component | from (dd/mm/yyyy) | to (dd/mm/yyyy) |
| **Physical and Virtual components cannot overlap** |
| **□ BLENDED INTENSIVE PROGRAMME** |
| Physical mobility | from (dd/mm/yyyy) | to (dd/mm/yyyy) |
| Virtual component (before/during) | from (dd/mm/yyyy) | to (dd/mm/yyyy) |
| Virtual component (during/after) | from (dd/mm/yyyy) | to (dd/mm/yyyy) |

Courses have been taught in (specify language/s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Responsible person in the Receiving Institution |
| Name |  |
| Function |  |
| Phone number |  |
| E-mail |  |
| Signature |  |