



UNIVERSITÀ DI NAPOLI
L'ORIENTALE

AREA SERVIZI ALLA DIDATTICA E ALLA RICERCA
Ufficio Relazioni e Mobilità Internazionale

CONFIRMATION STATEMENT

RECEIVING ORGANIZATION/ ENTERPRISE _____

PERSON (NAME and SURNAME) _____

We hereby confirm that the above-mentioned student started an internship in our organization/enterprise on /..... /.....

BLENDED MOBILITY: YES/NO

VIRTUAL MOBILITY from /..... /.....

PHYSICAL MOBILITY from /..... /.....

The responsible person in the receiving organization/ enterprise (supervisor):

DATE OF ISSUE _____ NAME _____

SIGNATURE _____

STAMP

* * * * *

RECEIVING ORGANIZATION/ ENTERPRISE _____

PERSON (NAME AND SURNAME) _____

CONFIRMATION OF COMPLETION

We hereby confirm that the above-mentioned student completed the internship on /..... /.....

BLENDED MOBILITY: YES/NO

VIRTUAL MOBILITY from /..... /..... to /..... /.....

PHYSICAL MOBILITY from /..... /..... to /..... /.....

The responsible person in the receiving organization/ enterprise (supervisor):

DATE OF ISSUE _____ NAME _____

SIGNATURE _____

STAMP