



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 person has started an internship at our organization/company 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 person has completed their 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