

Declaration of Stay

A.Y. 2013/2014

Name of the host Institution: _____

It is hereby certified that

Mr./Ms. _____

from *Bocconi University – I MILANO 04* – has been an ERASMUS student,

under the LLP programme, at our Institution:

from _____, _____, _____ **to** _____, _____, _____
(day) (month) (year) (day) (month) (year)

Date

Institutional Stamp & Signature

Name of the Signatory: _____

Function: _____

To be sent to:

Study Abroad Office
Piazza Sraffa 11, room 309
20136 MILANO
ITALY

Tel: + 39-02-5836 2144 / 2248
Fax: + 39 - 02 - 58362238
E-mail: exchange@unibocconi.it

Please note that this document must be signed and stamped just before leaving the host institution. The declared dates must correspond to the actual period in which the student has performed his/her academic activities.