Dear exchange partners, please e-mail this document to our office within the first week of our student arrival at your institution.

FROM	Name of the host University/Organization:  Office/Department:  Tel.:  E-mail:
ТО	UFFICIO RELAZIONI INTERNAZIONALI UNIVERSITÀ DEGLI STUDI DELL'AQUILA Tel.: +39 0862 432762/432758/432759 E-mail: uri@strutture.univaq.it
SUBJECT	CONFIRMATION OF ARRIVAL

## TO BE FILLED IN BY THE STUDENT

Cognome/Nome		
Dipartimento c/o Università dell'Aquila	Matricola	
E-Mail	Firma	

## TO BE FILLED IN BY THE HOST UNIVERSITY/ORGANIZATION

THE ABOVE MENTION STUDENT HAS ARRIVE OUR INSTITUTION ON	Arrival date (dd/mm/yy):				
Name of the Officer			STAMP O	F HOST ORGANI	IZATION
Signature					
Date of the signature					