



Università
degli Studi
di Ferrara

DOUBLE DEGREE PROGRAMME

CERTIFICATE OF PARTICIPATION

This is to certify that:

NAME OF THE STUDENT

in the period from: day _____ month _____ year _____

to: day _____ month _____ year _____

was enrolled in the Faculty/Department of _____

in the framework of the Double Degree programme between the University of Ferrara and

the University of _____ (_____)

DATE

(this date can't be prior to the end mobility date)

SIGNATURE and STAMP

PROFESSIONAL QUALIFICATION

NAME OF THE RECEIVING INSTITUTION

ADDRESS

This certificate is issued to the student as a formal proof of stay. According to what stated above the student received a grant.

! Please don't make any deletion on the certificate.