

CERTIFICATO DELLE ATTIVITA' SVOLTE FUORI RETE FORMATIVA (Estero)
TRANSCRIPT OF WORK
A.Y. 20..../....

SENDING UNIVERSITY	:	UNIVERSITA' DI VERONA
NAME OF HOSTING INSTITUTION OR COMPANY	:

Questo modulo, compilato in tutte le sue parti, dovrà essere inviato a didattica.scuolespec@ateneo.univr.it entro 30 giorni dalla fine delle attività al Consiglio della Scuola.

STATEMENT - ATTESTAZIONE

To be filled in and signed by the hosting institution/company and stamped with the official seal of the institution/company at the end of the period.

Da far compilare e firmare da un legale rappresentante dell'ente ospitante il tirocinio (e validare con il timbro ufficiale dell'ente) alla fine del periodo.

I, the undersigned, as legal representative of
 [name of institution/company] hereby declare that the trainee [name]
 [surname] completed his/her training period according to the activities
 described in the training agreement with the following result (overall evaluation of the trainee's
 performance):

very good ; good ; satisfactory ; not sufficient

Total working months

Please provide an explanation for your evaluation of the trainee's performance:

.....

Name: [name] [surname]

Date:/...../..... [dd /mm/yyyy]

Signature:

Seal of the institution/company

Timbro dell'istituzione/impresa

** If you haven't got a company stamp, please apply digital signature or declare it on your headed paper and attach your statement to this form.*