

ACCADEMIA DI BELLE ARTI DI FIRENZE

CERTIFICATE OF ATTENDANCE

It is hereby certificated that

Mr./Ms
NAME SURNAME
born on the / / 19 (DD/MM/YY)
nationality
home University:
Was enrolled as an ERASMUS student at our institution
From//20 (DD/MM/YY) date of enrolment
To//20 (DD/MM/YY) date of departure
In the University of: Accademia di Belle Arti di Firenze (I FIRENZE 03)
In the faculty of:
Name of the signature: Function: Date://20 (DD/MM/YY) Signature: Stamp of the Institution:

