

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 consegnato IN ORIGINALE** 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.

<p>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):</p> <p style="text-align: center;">very good <input type="checkbox"/>; good <input type="checkbox"/>; satisfactory <input type="checkbox"/>; not sufficient <input type="checkbox"/>;</p> <p style="text-align: center;">Total working months</p> <p>Please provide an explanation for your evaluation of the trainee's performance:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Name: [name] [surname]</p> <p>Date:/...../..... [dd/mm/yyyy] Signature:</p> <p style="text-align: right;">Seal of the institution/company Timbro dell'istituzione/impresa</p>	
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** 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.*