Higher Education

Erasmus+ CIVIS

**BIP Academic Record/Certificate of Attendance**

**SAPIENZA UNIVERSITY OF ROME**

Erasmus Code: **I ROMA01**

Address: **P.le Aldo Moro, 5 – 000185 Rome**

|  |  |  |
| --- | --- | --- |
| **Faculty/Department** |  | |
| **Academic Responsible** |  | |
| **E-mail:** | |

Mr./Mrs./Ms........., Professor at the Department/faculty of ..............University of Sapienza University of Rome

**HEREBY CERTIFIES:**

Mr./Ms. Name of the student , has completed the following course(s):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Code**  **(if any)** | **Course Title** | **AY** | **Course Period** | **Grade (if applicable)** | **Date**  **(virtual mob.)** | **Date**  **(Physical mob.)** |
|  | **BIP Title:**  Coordinating University: **..**  Program Coordinator/s: **…**  Number of hours/ECTS: **…**  Taught in: **…** |  |  |  |  |  |

Link ECTS Table: <https://www.uniroma1.it/en/pagina/academic-recognition-erasmus-exams>

And thereby, I sign this certificate at the request of the interested party

Date of issue Day  Month , 20..

Signature Institution’s stamp

