

To the University of Trieste  
International Mobility  
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**LETTER OF ARRIVAL**

*Enter the starting date of the activities*

We confirm that (surname/name) \_\_\_\_\_ enrolled at the University of Trieste started his/her Erasmus + Key Action 1 **physical mobility** (study exchange) at (name of the Host University) \_\_\_\_\_ on (starting date) \_\_\_\_\_ in the academic year 2024/2025.

Date

**Signature and stamp of the International Office  
of the Receiving Institution**

\_\_\_\_\_

Please note:

If the signature and stamp are missing, this document is not valid