ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA | AREA
SERVICE AREA MEDICA

Allegato 3 – Certificato delle Attività svolte fuori rete formativa (Estero)

TRANSCRIPT OF WORK
A.Y. 2…./

SENDING UNIVERSITY	:	ALMA MATER STUDIORUM UNIVERSITA' DI BOLOGNA
NAME OF HOSTING INSTITUTION OR COMPANY	:	…….

*Questo modulo compilato in tutte le sue parti, **dovrà essere trasmesso via mail** entro 5 giorni dalla fine delle attività alla segreteria 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 <u>at the end of the period</u>.
Da far compilare e firmare dal Referente Struttura Ospitante (e validare con il timbro ufficiale dell'ente) <u>alla fine del periodo</u>.

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 □ sufficient □ 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