



Erasmus+

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## Practical Placement



### LETTER OF CONFIRMATION

To be filled in by the host institution.

|                                |                                                                                                                                                                           |                                                                                                                                                     |                |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| It is hereby<br>certified that | Mr/Ms                                                                                                                                                                     | Family name<br>ÓVÁRI                                                                                                                                | ( HU SZEGED01) |
|                                |                                                                                                                                                                           | First name<br>TÍMEA                                                                                                                                 |                |
|                                | has successfully completed his/her placement at the:<br>Università degli Studi della Campania "Luigi Vanvitelli"<br>Primo Policlinico<br>Dipartimento di Medicina Interna |                                                                                                                                                     |                |
|                                | between the following dates<br><br>from 30/07/2018 to 28/09/2018 ( 2 months).                                                                                             |                                                                                                                                                     |                |
|                                |                                                                                                                                                                           | Name of the host organisation:<br>Università degli Studi della Campania "Luigi Vanvitelli"<br>Primo Policlinico<br>Dipartimento di Medicina Interna |                |

|                                            |           |                                                                                                                                                                                                                                         |      |            |
|--------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------|
| Confirmation of<br>the host<br>institution | Place     | NAPOLI                                                                                                                                                                                                                                  | Date | 28/09/2018 |
|                                            | Name      | PROF. RAFFAELE MARFELLA                                                                                                                                                                                                                 |      |            |
|                                            | Signature |                                                                                                                                                                                                                                         |      |            |
|                                            | Title     | DIRECTOR                                                                                                                                                                                                                                |      |            |
|                                            |           | AZIENDA OSPEDALIERA UNIVERSITARIA<br>Università degli Studi della Campania "Luigi Vanvitelli"<br>DAI di Medicina Interna e Specialistica<br>U.O.C. Geriatria e Medicina Interna<br>Stamp<br>Prof. Raffaele Marfella<br>Codice: NA 23262 |      |            |