

## LEARNING AGREEMENT FOR STUDIES

Academic year		Winter/Summer Semester [W/S]	
Home University:		Field of study:	
Last name (s)		Name:	
Level of studies Bachelor/Master [B/M]:			

### The Receiving Institution

Name		Faculty/Department	
Address		Country, Country code	
Contact person		Contact person e-mail / phone	

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## Section to be completed BEFORE THE MOBILITY

### I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from [month/year] ..... till [month/year] .....

Table A: Study programme abroad

Component code (if any)	Component title (as indicated in the course catalogue) at the receiving institution	Semester [autumn / spring] [or term]	Number of ECTS credits to be awarded by the receiving institution upon successful completion

Table B: Group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad

<b>Component code (if any)</b>	<b>Component title (as indicated in the course catalogue) at the sending institution</b>	<b>Semester [autumn / spring] [or term]</b>	<b>Number of ECTS credits</b>

## II. RESPONSIBLE PERSONS

### Responsible person in the sending institution:

Name: prof. Ferruccio Ponzano      Function: Full professor/President of DD Master  
Phone number: 0131 283 715      E-mail: ferruccio.ponzano@uniupo.it

### Responsible person in the receiving institution:

Name:    Function:  
Phone number:    E-mail:

## III. COMMITMENT OF THE THREE PARTIES

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and receiving institutions undertake to apply all the principles agreed in the inter- institutional agreement for institutions located in partner countries.

The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.

The sending institution commits to recognize all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties.

The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility program, responsible persons and/or study period.

### The student

Student's signature

Date:

### The sending institution

Responsible person's signature  
Student Mobility Coordinator for the Department

Date:

### The receiving institution

Responsible person's signature

Date:

## Section to be completed DURING THE MOBILITY

### CHANGES TO THE ORIGINAL LEARNING AGREEMENT

#### I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

Table C: Exceptional changes to study programme abroad or additional components in case of extension of stay abroad

Component code (if any) at the receiving institution	Component title (as indicated in the course catalogue) at the receiving institution	Deleted component [tick if applicable]	Added component [tick if applicable]	Number of ECTS credits to be awarded by the receiving institution upon successful completion
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

The student, the sending and the receiving institutions confirm that they approve the proposed amendments to the mobility programme.

Approval by e-mail or signature of the student and of the sending and receiving institution responsible persons.

#### The student

Student's signature

Date:

#### The sending institution

Responsible person's signature  
Student Mobility Coordinator for the Department

Date:

#### The receiving institution

Responsible person's signature

Date: