

PNRR M4 C1 INV.3.4 SUB-INV.T4
INIZIATIVE EDUCATIVE TRANSANZIONALI – TNE D.D. n. 167 del 03/10/2023
Mobilità individuale nell'istruzione superiore (TNE Studenti)

TNE project: DeSK - Developing Shared Knowledge in Innovative Materials and Digital Transformation for Sustainable Economy and Green Transition (CUP H91I24000380007)

LEARNING AGREEMENT

Student in Mobility

Family name ¹			
Given name ¹			
Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Not Declared
Nationality			
Date of birth			
Place of birth			
Passport Number			
Home Address	Street	N.	
	City	ZIP	
E-mail		Phone	
Student Course	<input type="checkbox"/> Master Degree		<input type="checkbox"/> Doctorate Degree
Current Degree Program	[Titolo del Corso di Laurea o Dottorato]		
Foreign Language Competence Level:			
in _____	A1 <input type="checkbox"/>	A2 <input type="checkbox"/>	B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/>
in _____	A1 <input type="checkbox"/>	A2 <input type="checkbox"/>	B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/>

Sending Institution

Name			
City		Country	
Department/Unit			
Responsible person ² :			
Name		Position	
E-mail		Phone	
Contact for administration ³ :			
Office			
Name		Position	
E-mail		Phone	

¹ As indicated in Passport

² The person who can authorize the mobility activity, normally the Project Responsible (Responsabile Scientifico) or the Head of Department/Unit

³ The person in the international office or other administration office in charge of international mobility



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dell'Università
e della Ricerca



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PIANO NAZIONALE
DI RIPRESA E RESILIENZA



Developing
Shared
Knowledge

Receiving Institution

Name			
City		Country	
Department/Unit			
Responsible person ⁴ :			
Name		Position	
E-mail		Phone	
Contact for the activity ⁵ :			
Name		Position	
E-mail		Phone	
Contact for administration ⁶ :			
Name		Position	
E-mail		Phone	

Planned period of study

First day of activity	
Last day of activity	
Duration (number of months)	

Please fill in the dates and duration of the activity not including travel days, i.e. the date of arrival at the receiving university, the date of departure from it and the corresponding duration. Duration of the activity must be between 2 and 6 months. Activity must be continuous and suspension periods are not allowed.

Table A: Study Programme at the Receiving Institution

Component Code	Component Title (as indicated in the course catalogue)	Semester	Number of ECTS Credits
[Codice]	[Titolo del Corso]	[Semestre]	[Crediti ECTS]
[Codice]	[Titolo del Corso]	[Semestre]	[Crediti ECTS]
[Codice]	[Titolo del Corso]	[Semestre]	[Crediti ECTS]

Table B: Recognition at the Sending Institution

Component Code	Component Title (as indicated in the course catalogue)	Semester	Number of ECTS Credits
[Codice]	[Titolo del Corso]	[Semestre]	[Crediti ECTS]
[Codice]	[Titolo del Corso]	[Semestre]	[Crediti ECTS]
[Codice]	[Titolo del Corso]	[Semestre]	[Crediti ECTS]

⁴ the Head the receiving Department/Unit

⁵ The person in the receiving Department/Unit who will host the mobility activity

⁶ The person in the international office or other administration office in charge of international mobility in the receiving Institution

By signing⁷ this document, the three parties approve the proposed activity project.

The Candidate

Name:

Signature:

Date:

The Sending Institution

Name of the responsible person⁸:

Stamp and Signature:

Date:

The Receiving Institution

Name of the responsible person⁸:

Stamp and Signature:

Date:

⁷ Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures are accepted.

⁸ Responsible person detailed on the previous page