



PNRR-TNE International Mobility Programme - Assessing Constitutional Crisis Impact and Security (IMP-ACCTS)
Project Proposal TNE23-00057 – CUP B61I24000450006

Learning Agreement Student Mobility for Studies

Student

Last name			
First name			
Gender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Not Declared	Nationality	
Date of birth			
E-mail		Phone	
Student Course	<input type="checkbox"/> I cycle <input type="checkbox"/> II cycle <input type="checkbox"/> III cycle <input type="checkbox"/> single-cycle degree program		
Faculty/Department			
Degree program in			
PhD in			
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 institutions

Name			
City		Country	
Department/Faculty			
Responsible person ¹ :			
Name		Position	
E-mail		Phone	
Contact for administration ² :			
Office			
Name		Position	
E-mail		Phone	

¹ The person who can authorize the mobility activity, normally the Project Responsible (Responsabile Scientifico) or the Head of Department/Faculty.

² The person in the international office or other administration office in charge of international mobility.



Receiving institutions

Name			
City		Country	
Department/Unit			
Responsible person ³ :			
Name		Position	
E-mail		Phone	
Contact for the activity ⁴ :			
Name		Position	
E-mail		Phone	
Contact for administration ⁵ :			
Name		Position	
E-mail		Phone	

Mobility duration

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

Study programme at the Receiving Institution

Component Code	Component Title (as indicated in the course catalogue)	Semester	Number of ECTS Credits

(add lines if necessary)

Recognition at the Sending Institution

Component Code	Component Title (as indicated in the course catalogue)	Semester	Number of ECTS Credits

(add lines if necessary)

³ The Head of the receiving Department/Faculty.

⁴ The person in the receiving Department/Faculty who will host the mobility activity.

⁵ The person in the international office or other administration office in charge of international mobility in the receiving Institution.

By signing⁶ this document, the three parties approve the proposed activity project.

The Candidate Name: Signature:	Date:
The Sending Institution Name of the responsible person: Stamp and Signature:	Date:
The Receiving Institution Name of the responsible person ⁸ : Stamp and Signature:	Date:

⁶ Circulating papers with original signatures is not compulsory. Scanned copies of signatures or electronic signatures may be accepted, depending on the national legislation of the country of the beneficiary organisation (in the case of mobility with third countries not associated to the programme: the national legislation of the EU Member State or third country associated to the programme). Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution.