



INCOMING STUDENTS - LEARNING AGREEMENT
ACADEMIC YEAR: 201.../201...

MOBILITY PROGRAMME _Cooperation Agreement with UniME

SENDING INSTITUTION _____

STUDENT PERSONAL DATA

SURNAME _____	NAME _____
FIELD OF STUDY _____	
STUDY PERIOD: from ___/___/___ to ___/___/___	
RECEIVING INSTITUTION: UNIVERSITY OF MESSINA – I MESSINA01	

I. DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD*

Course unit title	Degree programme	ECTS credits
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
		Tot. _____

*If necessary, continue the list on a separate sheet

Student's signature: _____	Date (dd/mm/yyyy) _____
----------------------------	-------------------------

II. SENDING INSTUTION

We confirm that the proposed learning agreement is approved.	
Departmental Mobility Coordinator's signature _____	Institutional Mobility Coordinator's signature _____
Date (...../...../.....)	Date (...../...../.....)

III.RECEIVING INSTITUTION (I MESSINA01)

We confirm that the proposed learning agreement is approved.	
Departmental Mobility Coordinator's signature _____	Institutional Mobility Coordinator's signature _____
Date (...../...../.....)	Date (...../...../.....)



CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME (to be filled in only if case of change)
IV. STUDENT PERSONAL DATA

Surname _____ Name _____
FIELD OF STUDY _____
STUDY PERIOD: from ___/___/___ to ___/___/___
RECEIVING INSTITUTION: UNIVERSITY OF MESSINA – I MESSINA01

V. DETAILS OF THE CHANGES TO PROPOSED STUDY PROGRAMME ABROAD*

Course unit title		Add course unit	Delete course unit	ECTS credits
.....	<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"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

*If necessary, continue this list on a separate sheet

Student's signature: Date (dd/mm/yyyy):.....
--

VI. SENDING INSTITUTION

We confirm that the proposed learning agreement is approved.	
Departmental Mobility Coordinator's signature	Institutional Mobility Coordinator's signature
Date (...../...../.....)	Date (...../...../.....)

VII. RECEIVING INSTITUTION (I MESSINA01)

We confirm that the proposed learning agreement is approved.	
Departmental Mobility Coordinator's signature	Institutional Mobility Coordinator's signature
Date (...../...../.....)	Date (...../...../.....)