



STUDY PROGRAM / LEARNING AGREEMENT

The Student

Last name (s)		First name (s)	
Date of birth		Nationality	
Sex [M/F]		Academic year	
Study cycle		Subject area, Code	
Phone		E-mail	

The Sending Institution

Name		Faculty	
		Department	
Address, website		Country	
Contact person name / position		Contact person e-mail / phone	

The Receiving Organisation/Enterprise

Name	UNIVERSITA' DEGLI STUDI DI PERUGIA		
Address	Piazza dell'Università n. 1	Department
City	Perugia	Country, Country code	ITALY 06123
Contact person name	Dott.ssa Sonia Trinari – Head of the International Relations Area Dott.ssa Teodora Mocan – Head of the Welcome Office	Contact person e-mail / phone	servizio.incoming@unipg.it +39 075 585 2106 / 2024 / 2168



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Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

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

Table A: Study programme abroad

Component code	Component title (as indicated in the course catalogue)	Semester (First – Second or Full Year)	Number of ECTS credits
			Total:

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

Component code (if any)	Component title (as indicated in the course catalogue) at the sending institution	Semester (First – Second or Full Year)	Number of credits
			Total:

The student

Student's signature

Date:

The sending institution

Responsible person's signature

Date:



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The receiving institution

Responsible person's signature

Date: