



**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) _____
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**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 (...../...../.....)