|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student** | **Surname** | | **Name** | **Date of birth** |
|  | |  |  |
| **Sending Institution** | **Department** | | | **Address** | **Contact person name; email; phone** |
|  | | | Piazza Fortebraccio, 4  06123 Perugia | Mr. Filippo CAPRUZZI  Mr. Paolo FEI  Erasmus@unistrapg.it  +37 075 5746301 266 |
| **Receiving Institution** | **Faculty/ Department** | | | **Address** | **Contact person name; email; phone** |
|  | | |  |  |
| **Mobility period** | **Semester (fall/spring)** | | | **Mobility planned starting date** | **Mobility planned ending date** |
|  | | |  |  |
|  |  |
| **Component title at the Receiving Institution** | | | | | **Number of Credits to be awarded by the Receiving Institution** |
|  | | | | |  |
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|  | | | | |  |
|  | | | | | **Total:** |

***TABLE “B” Recognition at the Sending Institution***

|  |  |
| --- | --- |
| **Component title at the Sending Institution** (as indicated in the course catalogue) | **Number of credits to be recognised by the Sending Institution** |
|  |  |
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|  |  |
|  | **Total:** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  | |  |  | |  | |  | |  |
| ***Commitment -*** By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. The Receiving Institution confirms that the educational components listed in Table A are in line with its course catalogue and should be available to the student. The Sending Institution commits to recognise all the credits gained at the Receiving Institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties. The student and the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period. | | | | | | | | | | | | | |
| **Commitment** | | **Name** | | | **Email** | | | **Position** | | **Date** | | **Signature** | |
| Student | |  | | |  | | | *Student* | |  | |  | |
| Responsible person[[1]](#endnote-1) at theSending Institution | | Prof.ssa Federica Guazzini | | | [erasmus@unistrapg.it](mailto:erasmus@unistrapg.it) | | | Erasmus Institutional Coordinator | |  | |  | |
| Responsible person at theReceiving Institution[[2]](#endnote-2) | |  | | |  | | |  | |  | |  | |

1. **Responsible person at the Sending Institution**: an academic who has the authority to approve the Learning Agreement, to exceptionally amend it when it is needed, as well as to guarantee full recognition of such programme on behalf of the responsible academic body. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document. [↑](#endnote-ref-1)
2. **Responsible person at the Receiving Institution**: the name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document. [↑](#endnote-ref-2)