



**AGREEMENT OF POSTGRADUATE MEDICAL TRAINING PROGRAMMES EXCHANGES
(this agreement can be signed also for non-medical specialization school mobility)**

THE UNIVERSITY OF CATANIA

Address: Piazza Università 2, 95124, Catania, Italy

represented by its Rector

AND

Name of the institution

Address:

represented by (name and position of the legal representative)

.....

agree to implement an exchange period for the following specialization school candidate:

Name and surname

Born on / / in

Nationality:

Specialization school in.....

Article 1

1. The....., Dept. of will host Dr as visiting student to carry out part of his/her practical activities within its premises from / / to / /
2. The supervisor for the University of Catania is.....
3. The supervisor for the partner university is
4. The activity will focus on.....

Article 2

All expenses connected to the mobility period including costs related to accident insurance and civil liability insurance, are covered by the hosting university

Article 3

Any issue connected to Intellectual property and the exploitation of the results of the practical activity will be regulated in accordance with the rules governing Intellectual property at both institutions.

Article 4

The partner institutions shall use their best effort to settle any dispute arising in connection with this agreement on an amicable basis.



<p>For the University of Catania</p> <p>The Rector</p> <p>.....</p> <p>.....</p> <p>(Signature)</p> <p>(seal of the institution)</p> <p>Place and Date:</p>	<p>For the</p> <p>Legal representative</p> <p>.....</p> <p>.....</p> <p>(Signature)</p> <p>(seal of the institution)</p> <p>Place and Date:</p>
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<p>The departmental supervisor at the University of Catania</p> <p>Prof.</p> <p>Date:</p>	<p>The departmental supervisor at the sending institution</p> <p>Prof.</p> <p>Date:</p>
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The visiting student's signature:

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