



## International Mobility Programme Activities Agreement Visiting Student

| STUDENT             | Last name(s) | First name(s) | Date of birth | Nationality    | Sex [M/F] | Fiscal code | Study course in: | Level |
|---------------------|--------------|---------------|---------------|----------------|-----------|-------------|------------------|-------|
|                     |              |               |               |                |           | M<br>F      |                  |       |
| SENDING INSTITUTION | Department   | Address       | Country       | Contact person | note      | phone       | Email            |       |
|                     |              |               |               |                |           |             |                  |       |
| HOSTING INSTITUTION | Department   | Address       | Country       | Contact person | note      | phone       | Email            |       |
|                     |              |               |               |                |           |             |                  |       |

| <b>STUDY PROGRAMME OR ACTIVITIES AT THE RECEIVING INSTITUTION</b> |             |     |
|---|-------------|-----|
| Planned period of the mobility: from _____ to _____               |             |     |
| ACTIVITY  | DESCRIPTION | CFU |
|   |             |     |



|  |                  |      |                  |      |
|--|------------------|------|------------------|------|
| STUDY/COURSES  |                  |      | n.               |      |
| THESIS   |                  |      | n.               |      |
| RESEARCH   |                  |      | n.               |      |
| OTHER ACTIVITY   |                  |      | n.               |      |
| NOTE   |                  |      |                  |      |
|  | <b>Signature</b> |      | Email            | Date |
| <b>STUDENT</b>   |                  |      |                  |      |
|  | Name             | Date | <b>Signature</b> |      |
| <b>DEPARTMENTAL<br/>COORDINATOR/<br/>RESPONSIBLE<br/>PERSON</b><br>at the Receiving<br>Institution |                  |      |                  |      |
|  |                  |      | APPROVED         |      |
|  |                  |      | NOT APPROVED     |      |