



International Mobility Programme Activities Proposal Visiting Student

STUDENT	Last name(s)	First name(s)	Date of birth	Nationality	Sex [M/F]	Fiscal code	Study course in:	Level
SENDING INSTITUTION	Department	Address	Country	Contact person	email	phone	Additional information	
HOSTING INSTITUTION	Department	Address	Country	Contact person	email	phone	Additional information	

<i>STUDY PROGRAMME OR ACTIVITIES AT THE RECEIVING INSTITUTION</i>		
Planned period of the mobility: from [month/year] to [month/year]		
ACTIVITY	DESCRIPTION	CFU
STUDY/COURSES <input type="checkbox"/>		
THESIS <input type="checkbox"/>		



RESEARCH <input type="checkbox"/>			
OTHER ACTIVITY <input type="checkbox"/>			
NOTES			
	Signature	Email	Date
STUDENT			
	Name	Date	SIGNATURE and STAMP
RESPONSIBLE PERSON at the sending institution (to be signed after the selection)			
			SIGNATURE and STAMP
RESPONSIBLE PERSON at the receiving institution (to be signed after the selection)			