



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 professor	email	phone	Additional information	
HOSTING INSTITUTION	Department	Address	Country	Contact professor	email	phone	Additional information	

<i>STUDY PROGRAMME OR ACTIVITIES AT THE RECEIVING INSTITUTION</i>		TO BE FILLED BY THE DEPT/STUDY COURSE AFTER THE SELECTION (before the mobility)	
ACTIVITY	DESCRIPTION	RECOGNITION AT UNICT	CFU AT SENDING INSTITUTION
Planned period of the mobility: from [month/year] to [month/year]			
STUDY/COURSES <input type="checkbox"/>			



THESIS RESEARCH	<input type="checkbox"/>												
TRAINEESHIP/ PRACTICE	<input type="checkbox"/>												
OTHER ACTIVITY	<input type="checkbox"/>												
NOTES													
		Signature		Email		Date		NOTES					
STUDENT													
	Name		Date						SIGNATURE and STAMP				
RESPONSIBLE PERSON at the sending institution (to be signed after the selection)													
RESPONSIBLE PERSON at the receiving institution (to be signed after the selection)													
	FINAL DOCUMENTS VALIDATION				SUBJECT				GRADE		SIGNATURE		
AFTER MOBILITY UDI - UNICT													

forwarded to the relevant offices