



All. D 1

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 F | | | I II III |
| | | | | | | | | |
| SENDING INSTITUTION | Department | Address | Country | Contact person | note | phone | Email | |
| | | | | | | | | |
| HOSTING INSTITUTION | Department | Address | Country | Contact person | note | phone | Email | |
| | | | | | | | | |

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



| | | | | |
|---|-----------|-------|--------------------------|-----------------|
| STUDY/COURSES | | n. | | |
| THESIS | | n. | | |
| RESEARCH | | n. | | |
| OTHER ACTIVITY | | n. | | |
| NOTE | | | | |
| | Signature | Email | Date | |
| STUDENT | | | | |
| | Name | Date | | |
| SENDING institution Dept. COORDINATOR Head of the study course | | | APPROVED NOT APPROVED | Signature/Stamp |
| HOSTING institution Responsible person | | | APPROVED NOT APPROVED | Signature/Stamp |