**AGREEMENT OF POSTGRADUATE MEDICAL TRAINING PROGRAMMES EXCHANGES**

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.

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| --- | --- |
| For the University of CataniaThe Rector…………………………………………………...……………………………………………………(Signature)(seal of the institution)Place and Date: | For the ...................................................Legal representative..............................................................…………………………………..…………………(Signature)(seal of the institution)Place and Date: |

|  |  |
| --- | --- |
| The departmental supervisor at the University of CataniaProf. ………………………………………………....Date: | The departmental supervisor at the sending institution Prof. …………………………………………………..Date: |
|  |  |

The visiting student’s signature:

…………………………………………………………………………………………………..