



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		
SENDING INSTITUTION	Department	Address	Country	Contact person	note	phone	Email	
HOSTING INSTITUTION	Department	Address	Country	Contact person	note	phone	Email	

STUDY PROGRAMME OR ACTIVITIES AT THE RECEIVING INSTITUTION		
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	Signature/Stamp
SENDING institution Dept. COORDINATOR Head of the study course			
			Signature/Stamp
HOSTING institution Responsible person			