



International Mobility Programme Activities Proposal

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

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

THESIS RESEARCH				
TRAINEESHIP/ PRACTICE				
OTHER ACTIVITY				
NOTES				
	Signature	Email	Date	NOTES
STUDENT				
	Name	Date	SIGNATURE and STAMP	
RESPONSIBLE PERSON at the sending institution			APPROVED NOT APPROVED	
RESPONSIBLE PERSON at the receiving institution			APPROVED NOT APPROVED	
	FINAL DOCUMENTS VALIDATION	SUBJECT	GRADE	Number of ECTS credits (or equivalent)
AFTER MOBILITY UDI - UNICT	forwarded to the relevant offices			
				SIGNATURE