



## INCOMING STUDENTS - LEARNING AGREEMENT ACADEMIC YEAR: 2024/2025

MOBILITY on International Cooperation Agreement with UniME

SENDING INSTITUTION \_\_\_\_\_

### STUDENT PERSONAL DATA

SURNAME _____ NAME _____
FIELD OF STUDY _____
STUDY PERIOD: from ___/___/___ to ___/___/___
RECEIVING INSTITUTION: UNIVERSITY OF MESSINA - I MESSINA 01

### I. DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD\*

Course unit title ( <i>Insegnamenti</i> )	Degree programme ( <i>Corsi di laurea</i> )	ECTS Credits ( <i>Crediti</i> )
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
		Tot.
		_____

\*If necessary, continue the list on a separate sheet

Student's signature: _____	Date (dd/mm/yyyy) _____
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### II. SENDING INSTUTION

We confirm that the proposed learning agreement is approved.	
Departmental Mobility Coordinator's signature _____	Institutional Mobility Coordinator's signature _____
Date (...../...../.....)	Date (...../...../.....)

### III. RECEIVING INSTITUTION (IMESSINA01)

We confirm that the proposed learning agreement is approved.	
Departmental Mobility Coordinator's signature _____	Institutional Mobility Coordinator's signature _____
Date (...../...../.....)	Date (...../...../.....)

USE BLACK INK AND BLOCK CAPITAL LETTERS ONLY.



**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME** (to be filled in only if case of change)

**IV. STUDENT PERSONAL DATA**

Surname \_\_\_\_\_ Name \_\_\_\_\_  
 FIELD OF STUDY \_\_\_\_\_  
 STUDY PERIOD: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 RECEIVING INSTITUTION: UNIVERSITY OF MESSINA – I MESSINA01

**V. DETAILS OF THE CHANGES TO PROPOSED STUDY PROGRAMME ABROAD\***

Course unit title		Add course unit	Delete course unit	ECTS credits
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....

\*If necessary, continue this list on a separate sheet

Student's signature: ..... Date (dd/mm/yyyy):.....

**VI. SENDING INSTITUTION**

We confirm that the proposed learning agreement is approved.

Departmental Mobility Coordinator's signature                      Institutional Mobility Coordinator's signature

Date (...../...../.....)    Date (...../...../.....)

**VII. RECEIVING INSTITUTION (UNIME)**

We confirm that the proposed learning agreement is approved.

Departmental Mobility Coordinator's signature                      Institutional Mobility Coordinator's signature

Date (...../...../.....)    Date (...../...../.....)