

### PROGRAMMA STUDENTI DI SCAMBIO

#### MODELLO DI DOMANDA E LEARNING AGREEMENT

Il modulo di candidatura e il Learning Agreement devono essere inviati per posta elettronica a **exchange@unipi.it** unitamente a:

- ✓ una copia di un documento di identità in corso di validità
- ✓ un certificato degli esami superati nell'Università estera di provenienza

### Dati personali dello studente

Nome							
Cognome							
Luogo di nascita				C	Data di nasc	cita	
Stato di nascita							
Cittadinanza							
Indirizzo							
Luogo di residenza				S	Stato di resi	iden	za
Genere	Maschio			F	Femmina		
Indirizzo e-mail		•					
Telefono				Cellula	are		

#### **CHIEDE**

di essere ammess\_\_ a frequentare l'Università di Pisa durante l'anno accademico \_ \_ \_ \_ / \_ \_ \_ nel seguente periodo

I semestre	settembre - febbraio	
II semestre	febbraio - luglio	
Intero anno accademico	settembre - luglio	

Il sottoscritto inoltre:

Data

- dichiara di essere consapevole che le credenziali di Ateneo, consegnate all'atto della registrazione al Portale Alice (www.studenti.unipi.it), consentono l'accesso alla rete di Ateneo ed ai relativi servizi dal perfezionamento dell'iscrizione;
- si impegna a rispettare il Regolamento per l'accesso ai servizi di rete, la vigente normativa, la GARR Acceptable Use Policy (www.garr.it/docs/garr-b-aup.shtml) e in particolare gli obblighi dell'utente di cui all'art. 4.2 del citato Regolamento e riportati sull'allegato del presente modulo;
- dichiara di essere a conoscenza del fatto che, al momento dell'iscrizione all'Università di Pisa, deve presentare:
  - ✓ fotocopia del passaporto (per i cittadini NON UE) o della carta d'identità;
  - ✓ permesso di soggiorno o copia della ricevuta postale della richiesta dello stesso per cittadini NON UE.

Firma del candidato

Data	Tima del canaldato



	Last name(s)	First name(s)	Date of birth	Nationality	Sex [M/F]	Study cycle	Field of education
Student							
Sending	Name	Department		Address	Country	Contact person name; email; phone	
Institution							
Receiving	Name	Name Department		Address	Country	Contact person name; email; phone	
Institution							

## Before the mobility

	Study Programme at the Receiving Institution								
	Planned period of the mobility: from [month/year] to [month/year]								
Table A Before the mobility	Component code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)	Semester [e.g. autumn/spring; term]	Number of ECTS credits (or equivalent) to be awarded by the Receiving Institution upon successful completion					
				Total:					
	Web link to the	e ECTS catalogue at the Receiving Institution describing the learn	ing outcomes: https://www	w.unipi.it/index.php/ects					

The level of language competence in Italian [indicate here the main language of instruction] that the student already has or agrees to acquire by the start of the study period is: A1  $\square$  A2  $\square$  B1  $\square$  B2  $\square$  C1 C2  $\square$  Native speaker  $\square$ 

Table B Before the mobility	Component code (if any)	Component title at the Sending Institution (as indicated in the course catalogue)	Semester [e.g. autumn/spring; term]	Number of curricular ECTS credits to be recognised	Number of extra curricular ECTS credits to be recognised
				Total	Total:



#### Commitment

By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. The Receiving Institution confirms that the educational components listed in Table A are in line with its course catalogue and should be available to the student. The Sending Institution commits to recognise all the credits gained at the Receiving Institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties. The student and the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period.

Commitment	Name	Email	Position	Date	Signature
Student					
Responsible person at the Sending Institution			COORDINATOR		
Responsible person at the Receiving Institution			COORDINATOR		



# **During the Mobility**

Planned period of the mobility: from [day/month/year]	till [day/month/year]

	Exceptional changes to Table A (to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Institution)								
Table A2 During the mobility	Component code Component title at the Receiving Institution (if any) (as indicated in the course catalogue)		Deleted component [tick if applicable]	Added component [tick if applicable]	component Reason for change				
					Choose an item.				
					Choose an item.				

	Exceptional changes to Table B (if applicable) (to be approved by e-mail or signature by the student and the responsible person in the Sending Institution)								
Table B2 During the mobility	Component code (if any)	Component title at the Sending Institution (as indicated in the course catalogue)	Deleted component [tick if applicable]	Added component [tick if applicable]	Number of Number of curricular ECTS curricular credits to be recognised recogn				
					·				

	Name	Date	Signature for approval
Student			
Responsible person at the Receiving Institution			
Responsible person at the Sending Institution			



## After the Mobility

S					th/year]	<b></b>
Component code (if any)	•	Was the component successfully completed by the student? [Yes/No]		Number of ECTS credits (or equivalent)	Grades received at the Receiving Institution	
					Total:	
	Name	Date			Signature for approv	al
person at the						_
Institution						
	Component code	Component code (if any)  Component title at the Receivir (as indicated in the course component title at the Receivir (as indic	Component code (if any)  Component title at the Receiving Institution (as indicated in the course catalogue)  Name  Date  Date	Component code (if any)  Component title at the Receiving Institution (as indicated in the course catalogue)  Name  Date  Person at the	Component code (if any)  Component title at the Receiving Institution (as indicated in the course catalogue)  Was the component successfully completed by the student? [Yes/No]	Component code (if any)  Component title at the Receiving Institution (as indicated in the course catalogue)  Was the component successfully completed by the student? [Yes/No]  Total:  Name  Date  Signature for approv

		Transcript of	Records and Recognition	n at the Ser	nding Institut	ion	
	Start and end dates of the study period: from [day/month/year] to [day/month/year]						
Table D After the mobility	Component code (if any)	Title of recognised component at the Sending Institution (as indicated in the course catalogue)		Number of curricular ECTS credits to be recognised		Number of extra- curricular ECTS credits to be recognised	Grades registered at the Sending Institution (if applicable)
				T. 1.1		T	
				10	tal:	Total:	
		Name	Date			Signature for approval	
Responsible person at the Sending Institution							