

Student's name Academic Year Registration Number (matricola)

Chudant	Last name(s)	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	Università di Pisa				Italy		
Receiving	Name	Departn	nent	Address	Country	Contact pe	erson 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 co	ourse catalogue at the Receiving Institution describing the lea	arning outcomes: [web link t	o the relevant information]						

The level of language competence in _	ne main	language	e of inst	ruction]	that th	e student already has or agrees to acquire by the start of the	
	study period is: A1 □	<i>A2</i> □	<i>B</i> 1 □	<i>B2</i> □	<b>C1</b> □	<i>C2</i> □	Native speaker □

Recognition at the Sending Institution									
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:				



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#### 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.

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



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

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#### **During the Mobility**

			xceptional changes to Ta			
Table A2 During the mobility	Component code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)	Deleted component [tick if applicable]	Added component [tick if applicable]	onsible person in the Receiv  Reason for change	Number of ECTS credits (or equivalent)
					Choose an item.	
					Choose an item.	
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 curricular ECTS credits to be recognised	Number of extra- curricular ECTS credits to be recognised
-						iccogiliscu
						recognised
						recogniseu
		Name			znature for approval	recogniseu
Stu	dent	Name			gnature for approval	recogniseu
Responsible	dent person at the Institution	Name			gnature for approval	recogniseu



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#### **After the Mobility**

	Transcript of Records at the Receiving Institution  Start and end dates of the study period: from [day/month/year] to [day/month/year]									
Table C After the mobility	Component code (if any)	Component title at the Receiving (as indicated in the course ca	Was the component successfully completed by the student? [Yes/No]		Number of ECTS credits (or equivalent)	Grades received at the Receiving Institution				
						Total:				
		Name	Name Date		Signature for approval					
Responsible person at the Receiving Institution							_			

1-										
	Transcript of Records and Recognition at the Sending Institution									
	Start and end dates of the study period: from [day/month/year] to [day/month/year] to									
Table D After the mobility	Component code (if any)	Title of recognised component at the Sending Institution (as indicated in the course catalogue)			nber of ular ECTS ts to be gnised	Number of extra- curricular ECTS credits to be recognised	Grades registered at the Sending Institution (if applicable)			
				Total:		Total:				
		Name	Date		Signature for approval					
•	person at the									
Sending	Institution									