STUDY PROGRAMME ABROAD - FINANCIAL YEAR 20....
International Agreement-Exchange Programme

STUDY PERIOD: from _____ to _____- FIELD OF STUDY: _____

Name of the student: .....
Student's e-mail address: .....
Sending institution: **Università degli Studi dell'Aquila** Country: **Italy**

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

Partner Host Institution: .....Country: .....

Study Programme at the Receiving Institution

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

Table A Before the mobility	**Component[i] code** (if any)	**Component title at the Receiving Institution** (as indicated in the course catalogue[ii])	**Semester** [e.g. autumn/spring; term]	**Number of ECTS credits (or equivalent)[iii] to be awarded by the Receiving Institution upon successful completion**
				Total: …

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 ECTS credits (or equivalent) to be recognised by the Sending Institution**
				Total: …

if necessary, continue the list on a separate sheet.

Student's signature ..... Date: .....

SENDING INSTITUTION – Università degli Studi dell'Aquila
We confirm that the study programme abroad is approved.
Degree Course Coordinator's signature
(Firma del Presidente del Corso di Studi) Administrative responsible person's signature

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RECEIVING INSTITUTION
We confirm that the study programme abroad is approved.
Departmental Coordinator's signature Institutional Coordinator's signature

....
Date: ..... Date: .....