"Study Programme/Learning Agreement" - D.R. n.

## STUDY PROGRAMME / LEARNING AGREEMENT

del

ACADEMIC YEAR: 20/20 STUDY PERIOD: from to			
FIELD OF STUDY:			
Name of the Student:			
Sending institution: UNIVERSITA' DEGLI STUDI DI PERUGIA Country: ITALY			
Department:			
Student's e-mail address:			
DETAILS OF THE PROPOSED STUDY PROGRAMME AT THE RECEIVING INSTITUTION			
Receiving institution: Country:			
Course unit title/Training activities/Research a	ctivities	Number of credits	
	•••••		
	•••••		
•			
	•••••		
·		••••	
RECOGNITION AT THE SENDING INSTITUTION			
Course unit title/Training activities/Research a	ctivities	Number of credits	
	•••••		
	•••••		
		•••••	
	•••••		
•			
		••••	
Student's signature			
Dat	e:	•••••	

SENDING INSTITUTION		
I/We confirm that the proposed study programme/learning agreement is approved.		
Cooperation Agreement's Coordinator*	<b>Departmental Coordinator for the International</b>	
	Agreements	
Signature:	Signature:	
Date:	Date:	

RECEVING INSTITUTION
I confirm that the proposed study programme/learning agreement is approved.
The Responsible Person at the Receiving Institution
Stamp and signature:
Date:

<sup>\*</sup> The signature of the professor responsible for the Agreement is needed only in the event an International Cooperation agreement, attached in Annex 1, is in force.