

<i>Before the mobility</i>						
STUDENT						
Last name	First name	Date of birth	Nationality	Sex [M/F]	Study cycle	Field of education
SENDING INSTITUTION						
Name	Faculty/Department	Erasmus code	Address	Country	Contact person; email-phone	
Università degli Studi di Bari Aldo Moro		I BARI 01	P.zza Umberto I, 1 70121 BARI	Italy	Head of International Mobility Office Dr Luisa D'Aniello luisa.daniello@uniba.it +39 080 517 7898	
RECEIVING INSTITUTION						
Name		Erasmus code	Address	Country	Contact person; email-phone	
<i>Study Programme at the Receiving Institution. Table A</i>						
Planned period of the mobility: from:			to	Semester:		
Component title at the Receiving Institution						ECTS credits
The level of language competence in _____ [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 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/>						TOTAL:
<i>Study Programme at the Sending Institution. Table B</i>						
Component title at the Sending Institution						ECTS credits
Student						total:
Name	Email			Date		
Signature						
Responsible person at the Sending Institution						
(Indicare il Coordinatore del Consiglio di Corso di Studio o suo Delegato Istituzionale del proprio Dipartimento dell'Università di Bari)						
Name	Email			Date		
Stamp and Signature						
Responsible person at the Receiving Institution						
Name	Email			Date		
Stamp and Signature						