

## **Higher Education**

Learning Agreement for Studies Academic Year 20.../20...

Before the mobility							
STUDENT							
Last name	First name	Date of birth	Nationality	Sex [M/F]	Study cycle	Field of education	
			CENDING INCT	TUTON			
Name	Faculty/Department	Erasmus code	SENDING INST Address	Country	Contact person; email	nhone	
Università degli	1 acaroj, 2 opar criterio	I BARI 01	P.zza Umberto I, 1		Head of International Mobility Office		
Studi			70121 BARI		Dr Luisa D'Aniello		
di Bari Aldo Moro				Italy	luisa.daniello@uniba.it		
+39 080 517 7898  RECEIVING INSTITUTION							
					Contact person; email-	phone	
					-		
Study Programme at the Receiving Institution. Table A							
Diannad namiad	Planned period of the mobility: from: to Semester:						
Planned period	of the mobility: I		to at the Receiving I	nstitution	Semester:	ECTS credits	
		Component title	at the Receiving I	Istitution		LC15 creats	
The level of language competence in [ <i>indicate here the main language of instruction</i> ] that the student already has or agrees to acquire by the start of the study period is: $A1 \square A2 \square B1 \square B2 \square C1 \square C2 \square$ Native speaker $\square$						TOTAL:	
Study Programme at the Sending Institution. Table B							
Component title at the Sending Institution						ECTS credits	
Student						total:	
		[	Student			iotal.	
Name		Email			Date		
Signature							
<b>Responsible person at the Sending Institution</b> (Indicare il Coordinatore del Consiglio di Corso di Studio o suo Delegato Istituzionale del proprio Dipartimento dell'Università di Bari)							
(Indicare il Co	ordinatore del Consi	glio di Corso di S	studio o suo Delegat	o Istituziona	le del proprio Dipartimento dell'Uni	versită di Bari)	
Name		Email			Date		
Stamp and Signature  Decementation at the Decementation							
Responsible person at the Receiving Institution							
Name		Email			Date		
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