

<i>During 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 +39 080 571 7898	
RECEIVING INSTITUTION						
Name		Erasmus code	Address	Country	Contact person; email-phone	
Exceptional changes to Table A						
(to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Institution)						
Component title at the Receiving Institution				Deleted component	Added component	ECTS credits
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
Exceptional changes to Table B						TOTAL:
(to be approved by e-mail or signature by the student and the responsible person in the Sending Institution in the Receiving Institution)						
Component title at the Sending Institution				Deleted component	Added component	ECTS credits
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
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						