

RESEARCH PROGRAMME ABROAD - ACADEMIC YEAR 20..../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 RESEARCH PROGRAMME ABROAD

Host institution:	Country:
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Brief description of the research programme

Student's signature	Date:
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SENDING INSTITUTION – Università degli Studi dell'Aquila	
We confirm that the research programme abroad is approved.	
Degree Course coordinator signature (Firma del Presidente del Corso di Studi)	Rector Delegate for the International Relations's signature
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RECEIVING INSTITUTION	
We confirm that the research programme abroad is approved.	
Departmental coordinator's signature	Institutional coordinator's signature
.....
Date:	Date: