

**STUDY PROGRAMME ABROAD - FINANCIAL YEAR 20....**  
**International Agreement-Exchange Programme**

**STUDY PERIOD:** from \_\_\_\_\_ to \_\_\_\_\_ - **FIELD OF STUDY:** \_\_\_\_\_

Name of the student: .....
Student's e-mail address: .....
Sending institution: <b>Università degli Studi dell'Aquila</b> Country: <b>Italy</b>

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD**

Partner Host Institution: ..... Country: .....
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<i>Study Programme at the Receiving Institution</i>				
Planned period of the mobility: from [month/year] ..... to [month/year] .....				
Table A Before the mobility	Component <sup>i</sup> code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue <sup>ii</sup> )	Semester [e.g. autumn/spring; term]	Number of ECTS credits (or equivalent) <sup>iii</sup> to be awarded by the Receiving Institution upon successful completion
<b>Total: ...</b>				

<i>Recognition at the Sending Institution</i>				
Table B Before the mobility	Component code (if any)	Component title at the Sending Institution (as indicated in the course catalogue)	Semester [e.g. autumn/spring; term]	Number of ECTS credits (or equivalent) to be recognised by the Sending Institution
<b>Total: ...</b>				

if necessary, continue the list on a separate sheet.

Student's signature ..... Date: .....
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<b>SENDING INSTITUTION – Università degli Studi dell'Aquila</b>	
We confirm that the study programme abroad is approved.	
Degree Course Coordinator's signature (Firma del Presidente del Corso di Studi)	Administrative responsible person's signature
.....	.....

<b>RECEIVING INSTITUTION</b>	
We confirm that the study programme abroad is approved.	
Departmental Coordinator's signature	Institutional Coordinator's signature
.....	.....
Date: .....	Date: .....