**Learning Agreement**

**Student Mobility**

**“MARE - Mediterranean Alliance for Research and Education”.**

**Project n° TNE23-00049**

**General information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student** | **Last name(s)** | **First name(s)** | **Date of birth** | **Nationality\*** | | **Gender**  **[Male/Female/Undefined]** |
|  |  |  |  | |  |
| **Study cycle\*** | | **Field of education**  **(ISCED)** | | | |
|  | |  | | | |
| **Sending Institution** | **Name** | **Faculty/Department** | **City** | **Country** | **Administrative contact person name\*; email; phone** | |
|  |  |  |  |  | |
| **Receiving Institution** | **Name** | **Faculty/Department** | **City** | **Country** | **Administrative contact person name\*; email; phone** | |
| Università di Pisa |  | Pisa | Italy | Tommaso Salamone  tommaso.salamone@unipi.it  Phone: +39 050 2212157 | |
| The level of language competence in \_\_\_\_\_\_\_\_ is *A1*  *A2*  *B1*  *B2*  *C1*  *C2*  *Native speaker* | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Activities carried out at the Receiving Institution** | | |
| **Research title at the Receiving Institution** Tutor: | **Term** [e.g. autumn/spring; term] | **Number of ECTS credits (or equivalent) to be awarded by the Receiving Institution upon successful completion** |
|  |  |  |
| **Total: …** |

|  |  |  |
| --- | --- | --- |
| **Recognition at the Sending Institution** | | |
| **Research activities at the Sending Institution** | **Term** [e.g. autumn/spring; term] | **Number of credits (or equivalent) to be recognised by the Sending Institution** |
|  |  |  |
| **Total: …** |

**Commitment of the three parties**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the Learning Agreement .The student and the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period. | | | | | |
| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Student |  |  | *Student* |  |  |
| Responsible person at theSending Institution\* |  |  |  |  |  |
| Responsible person at theReceiving Institution\* |  |  |  |  |  |