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| **Student** | **Last name(s)** | **First name(s)**  **Learning Agreement**  **Student Mobility for Studies** | **Date of birth** | **Nationality**[[1]](#endnote-1) | **Sex [M/F]** | **Study cycle**[[2]](#endnote-2) | **Field of education** [[3]](#endnote-3) |
| Please remember to fill in the header of this document as well – double click on ‘Student’s name’ in the upper right corner. |  |  |  |  | Single cycle  (6 years) | 0912 – Medicine |
| **Sending Institution** | **Name** | **Faculty/Department** | **Erasmus code**[[4]](#endnote-4)  **(if applicable)** | **Address** | **Country** | **Contact person name**[[5]](#endnote-5)**; email; phone** | |
|  |  |  |  |  |  | |
| **Receiving Institution** | **Name** | **Faculty/ Department** | **Erasmus code (if applicable)** | **Address** | **Country** | **Contact person name; email; phone** | |
| Alma Mater Studiorum – University of Bologna | School of Medicine | I BOLOGNA01 | Via Massarenti, 9 (Polo Murri)  40131 Bologna, Italy | Italy | Miss. Sara ALBRICI  [erasmus.medicine@unibo.it](mailto:erasmus.medicine@unibo.it)  +39 051 2080838 | |

**During the Mobility**

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|  | **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) | | | | | |
| **Table A2**  **During the mobility** | **Component code** (if any) | **Component title at the** **Receiving Institution** (as indicated in the course catalogue) | **Deleted component** [tick if applicable] | **Added component** [tick if applicable] | **Reason for change[[6]](#endnote-6)** | **Number of ECTS credits (or equivalent)** |
|  |  |  |  |  | Choose an item. |  |
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|  | | **Exceptional changes to Table B (if applicable)**  (to be approved by e-mail or signature by the student and the responsible person in the Sending Institution) | | | | | | | | | | | | | | | | |
| **Table B2**  **During the mobility** | | **Component code** (if any) | | | **Component title at the** **Sending Institution** (as indicated in the course catalogue) | | | | **Deleted component** [tick if applicable] | | | **Added component** [tick if applicable] | | | **Number of ECTS credits (or equivalent)** | | | |
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| ***Commitment***  By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and Receiving Institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the Inter-Institutional Agreement for institutions located in Partner Countries). The Beneficiary Institution and the student should also commit to what is set out in the Erasmus+ grant agreement. The Receiving Institution confirms that the educational components listed in Table A are in line with its course catalogue and should be available to the student. The Sending Institution commits to recognise all the credits or equivalent units gained at the Receiving Institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties. 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[[7]](#endnote-7) at theSending Institution | | |  | | | |  | | | |  | | |  | | |  | |
| Responsible person at theReceiving Institution[[8]](#endnote-8) | | | Sara Albrici | | | | Erasmus.medicine@unibo.it | | | | I.R. Officer | | |  | | |  | |

1. **Nationality:** country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-1)
2. **Study cycle:** Short cycle (EQF level 5) / Bachelor or equivalent first cycle (EQF level 6) / Master or equivalent second cycle (EQF level 7) / Doctorate or equivalent third cycle (EQF level 8). [↑](#endnote-ref-2)
3. **Field of education:** The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) available at <http://ec.europa.eu/education/tools/isced-f_en.htm> should be used to find the ISCED 2013 detailed field of education and training that is closest to the subject of the degree to be awarded to the student by the Sending Institution. [↑](#endnote-ref-3)
4. **Erasmus code**: a unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education (ECHE) receives. It is only applicable to higher education institutions located in Programme Countries. [↑](#endnote-ref-4)
5. **Contact person**: person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or works at the international relations office or equivalent body within the institution. [↑](#endnote-ref-5)
6. **Reasons for exceptional changes to study programme abroad (choose an item number from the table below):**

   |  |  |
   | --- | --- |
   | ***Reasons for deleting a component*** | ***Reason for adding a component*** |
   | 1. Previously selected educational component is not available at the Receiving Institution | 5. Substituting a deleted component |
   | 2. Component is in a different language than previously specified in the course catalogue | 6. Extending the mobility period |
   | 3. Timetable conflict | 7. Other (please specify) |
   | 4. Other (please specify) |  |

   [↑](#endnote-ref-6)
7. **Responsible person at the Sending Institution**: an academic who has the authority to approve the Learning Agreement, to exceptionally amend it when it is needed, as well as to guarantee full recognition of such programme on behalf of the responsible academic body. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document. [↑](#endnote-ref-7)
8. **Responsible person at the Receiving Institution**: the name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document. [↑](#endnote-ref-8)