

Allegato 1

Student	Last name(s)	First name(s)	Date of birth	Nationality	Sex [M/F]	Study cycle	Field of education	
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Sending	Name	Department		Address	Country	Contact person name; email; phone		
Institution	Università di							
	Pisa				Italy			
Receiving	Name	Departn	nent	Address	Country	Contact pe	erson name; email; phone	
Institution								

#### Before the mobility

	Study Programme at the Receiving Institution								
	Planned period of the mobility: from [month/year] to [month/year]								
Table A Before the mobility	Component code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)	Semester [e.g. autumn/spring; term]	Number of ECTS credits (or equivalent) to be awarded by the Receiving Institution upon successful completion					
				Total:					
	Web link to the cou	urse catalogue at the Receiving Institution describing the lear	ning outcomes: [web link t	o the relevant information]					

The level of language competence in \_\_\_\_\_\_ [*indicate here the main language of instruction*] that the student already has or agrees to acquire by the start of the study period is: A1 \_ A2 \_ B1 \_ B2 \_ C1 \_ C2 \_ Native speaker \_

Recognition at the Sending Institution								
Table B Before the mobility	Component code (if any)	<b>Component title at the Sending Institution</b> (as indicated in the course catalogue)	Semester [e.g. autumn/spring; term]	Number of curricular ECTS credits to be recognised	Number of extra- curricular ECTS credits to be recognised			
			-					
				Total:	Total:			
	Provisions applying	if the student does not complete successfully some educat	ional components: [web	link to the relevant inform	ation]			



#### 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. 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 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 at the Sending Institution					
Responsible person at the Receiving Institution					

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#### **During the Mobility**

Planned period of the mobility: from [day/month/year] ...... till [day/month/year] ......

	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	Number of ECTS credits (or equivalent)			
					Choose an item.				
					Choose an item.				

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)	<b>Component title at the Sending Institution</b> (as indicated in the course catalogue)	Deleted component [tick if applicable]	Added component [tick if applicable]	Number of curricular ECTS credits to be recognised	Number of extra- curricular ECTS credits to be recognised	

	Name	Date	Signature for approval
Student			
Responsible person at the Receiving Institution			
Responsible person at the Sending Institution			



#### After the Mobility

		Transcri	pt of Records at the Re	ceiving Inst	itution					
	S	Start and end dates of the study period: from [day/month/year] to [day/month/year]								
Table C After the mobility	Component code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)		Was the component successfully completed by the student? [Yes/No]		Number of ECTS credits (or equivalent)	Grades received at the Receiving Institution			
						Total:				
		Name	Date			Signature for approv	al			
Responsible	person at the									
Receiving	Institution									

	Transcript of Records and Recognition at the Sending Institution								
	Start and end dates of the study period: from [day/month/year] to [day/month/year]								
Table D After the mobility	Component code (if any)	Title of recognised component at the (as indicated in the course c	•	Number of curricular ECTS credits to be recognised		Number of extra- curricular ECTS credits to be recognised	Grades registered at the Sending Institution (if applicable)		
				То	tal:	Total:			
	Name		Date			Signature for approval			
	e person at the Institution								