ECTS - EUROPEAN CREDIT TRANSFER SYSTEM - LEARNING AGREEMENT - ACADEMIC YEAR – 2022/23

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| **Sending Institution:** University of Sassari  **Student** Name: Surname:  **Faculty/Department**: Country: ITALY Region: SARDINIA |
| **Receiving Institution:** Name Country City  **Mobility duration**: From (month/year) to (month/year) months: |

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

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| Course unit code (if any) and page no. of the information package | Course unit title (as indicated in the course catalogue)  **Receiving Institution** | Number of ECTS credits | Course unit title (as indicated in the course catalogue)  **Sending Institution** | Number of ECTS credits | Semester  (Autumn/  Spring)  A / S |
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if necessary, continue the list on a separate sheet

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| Student’s signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ | |
| **SENDING INSTITUTION** (Università degli Studi di Sassari)  We confirm that the proposed programme of study/learning agreement is approved. | |
| Departmental Coordinator’s signature  Prof\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Academic Supervisor’s signature  Prof:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
| **RECEIVING INSTITUTION**  We confirm that this proposed programme of study/learning agreement is approved. | |
| Departmental Coordinator’s signature  Prof\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ |  |

Changes To Original Proposed Study Programme/Learning Agreement

(**to be filled in just in case of changes during the mobility period**)

**DELETED COURSES**

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| Course unit code (if any) and page no. of the information package | Course unit title (as indicated in the course catalogue)  **Receiving Institution** | Number of ECTS credits | Course unit title (as indicated in the course catalogue)  **Sending Institution** | Number of ECTS credits | Semester  (Autumn/  Spring)  A / S |
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**CONFIRMED COURSES**

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**ADDED COURSES**

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| Student’s signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ | |
| **SENDING INSTITUTION:** University of Sassari  We confirm that the proposed programme of study/learning agreement is approved. | |
| Departmental Coordinator’s signature  Prof\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Academic Supervisor’s signature  Prof:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
| **RECEIVING INSTITUTION:**  We confirm that this proposed programme of study/learning agreement is approved. | |
| Departmental Coordinator’s signature  Prof\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ |  |