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 signatureProf\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 signatureProf\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 SassariWe 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 signatureProf\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ |  |