



Student	Last name(s)	First name(s)	Date of birth	Nationality	Sex [M/F]	Study cycle	Field of education
				Italian			
Sending Institution	Name	Faculty/Department	Address	Country	Contact person name; email; phone		
	Università degli studi di Camerino		P.zza Cavour 19/F, Camerino	IT			
Receiving Institution	Name	Faculty/ Department	Address	Country	Contact person name; email; phone		

Before the mobility**Study Programme at the Receiving Institution**

Planned period of the mobility: from [month/year] xxxxx to [month/year] xxxxx

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 course catalogue at the Receiving Institution describing the learning outcomes: [web link to the relevant information]

The level of language competence in English [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)	Component title at the Sending Institution (as indicated in the course catalogue)	Semester [e.g. autumn/spring; term]	Number of ECTS credits (or equivalent) to be recognised by the Sending Institution
				Total:

Provisions applying if the student does not complete successfully some educational components: [web link to the relevant information]

Commitment

By signing this document, the student, the Coordinator of the study course and the Responsible person for internationalization confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. The Coordinator of the study course commits to recognise all the credits or equivalent units gained during the mobility for the successfully completed educational components and to count them towards the student's degree as described in Table B.

Commitment	Name	Email	Position	Date	Signature
Student			Student		
Coordinator of study course					
Responsible person for internationalization					
Coordinator of the Course in XXXX					