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| **Student** | **Last name(s)** | | **First name(s)** | | |  | | | | **Sex [M/F]** | | | **Study cycle** | | | | | | **Field of education** | | | |
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| **Sending Institution** | **Name** | | **Degree programmes** | | | **Address** | | | | **Country** | | | **Contact person: name, phone number, e-mail address** | | | | | | | | | |
| Università degli Studi di Verona | |  | | | Via dell’Artigliere 8,  37129 Verona | | | | **ITALY** | | | International Relations Office  +39 045 802 8196  relazioni.internazionali@ateneo.univr.it | | | | | | | | | |
| **Receiving Institution** | **Name** | | **Degree programmes** | | | **Address** | | | | **Country** | | | **Contact person:**  **name, phone number, e-mail address** | | | | | | | | | |
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| **Planned period of the mobility: from [month/year] ………………………… to [month/year] ……………………………..** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Study Programme at the RECEIVING INSTITUTION** | | | | | | | | | | | | | | | | | | | | | | | |
| **Table A**  **BEFORE the mobility** | **Component code** | | **Component title at the Receiving Institution** | | | | | | | | | **Semester** [Autumn, Spring] | | | | | **Number of LOCAL credits**  **(as indicated in the course catalogue)** | | | | | | |
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| Web link to the **course catalogue** at the Receiving Institution describing the learning outcomes: ……….(inserire link da parte dello studente) | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Recognition at the SENDING INSTITUTION (University of Verona)** | | | | | | | | | | | | | | | | | | | | | | | |
| **Table B**  **BEFORE**  **the mobility** | **Component code** | | **Component title at the Sending Institution** | | | | | | | | | **Semester** [Autumn, Spring] | | | | | | **Number of ECTS credits (or equivalent)**  **to be recognised by the Sending Institution** | | | | | |
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| Provisions applying if the student does not complete successfully some educational components: *[web link to the relevant information]* | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Signatories** | | **Name** | | | **E-mail** | | | | | | **Position** | | | **Date**  **(dd / mm / yyyy)** | | | | | | **Signature** | | | | |
| **Student** | |  | | |  | | | | | | *Student* | | |  | | | | | |  | | | | |
| **Delegato all’internazionalizzazione di Dipartimento**  at theSending Institution | | Prof. | | |  | | | | | |  | | |  | | | | | |  | | | | |
| **Academic Coordinator**  Responsible person at theReceiving Institution | | Professor | | |  | | | | | | *Academic Coordinator* | | |  | | | | | |  | | | | |