



LEARNING AGREEMENT GLOBUS TESI

ACADEMIC YEAR 2015/2016 - FIELD OF STUDY:

Name of student:	_____	
Sending Institution:	_____	Country: _____

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving Institution: _____	Country: _____
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Course Code (if any)	Thesis Title	Number of ECTS credits

Student's signature: _____	Date: _____
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SENDING INSTITUTION:	
We confirm that this proposed programme of study/learning agreement is approved.	
Departmental Coordinator's signature _____	Institutional Coordinator's signature (Anna Maria Aloi) _____
Date: _____	Date: _____

RECEIVING INSTITUTION:	
We confirm that this proposed programme of study/learning agreement is approved.	
Departmental Coordinator's signature _____	Institutional Coordinator's signature _____
Date: _____	Date: _____