

**Research and/or study programme**

**Academic year 2017/2018**

<b>Student</b>	<b>Last Name (s)</b>	<b>First Name (s)</b>	<b>Date of Birth</b>	<b>Nationality</b>	<b>Sex [M/F]</b>	<b>Study cycle</b>
<b>Sending Institution</b>	<b>Name</b>	<b>Faculty/Department</b>	<b>Erasmus Code</b>	<b>Address</b>	<b>Country</b>	<b>Contact person name; email; phone</b>
	Università Carlo Cattaneo - LIUC		I CASTELL 01 (when applicable)	Corso Giacomo Matteotti, 22 Castellanza (VA) 21053	Italy	
<b>Receiving Institution</b>	<b>Name</b>	<b>Faculty/Department</b>	<b>Erasmus Code</b>	<b>Address</b>	<b>Country</b>	<b>Contact person name; email; phone</b>

Mobility start date: \_\_\_\_\_

Mobility end date: \_\_\_\_\_

Supervisor at the Sending University: \_\_\_\_\_

Supervisor at the Receiving University: \_\_\_\_\_

[If required] The level of language competence in \_\_\_\_\_ [indicate here the main language of instruction] that the student already has or agrees to acquire by the start of the mobility period is

- A1  A2  B1  B2  C1  C2  Native Speaker

**Research and/or study programme at the Receiving Institution**

Component code [if any]	Research and/or study program and/or Component title at the Receiving Institution	Semester	Number of ECTS credits [or equivalent]

**Recognition at the Sending Institution**

Component code [if any]	Research and/or study program and/or Component title at the Sending Institution	Semester	Number of ECTS credits [or equivalent]

SENDING INSTITUTION  
Università Carlo Cattaneo – LIUC

Date:  
Coordinator of the Ph.D. programme  
Raffaella Manzini

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RECEIVING INSTITUTION  
XXXXXXXXXXXXXXXXXXXXXXXXXX

Date:  
XXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXX

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