Research and/or study program   **A.Y. 2017/2018**

	Last Name (s)	First Name (s)	Date of Birth	Nationality	Sex [M/F]	Study cycle
Student						

	Name	Faculty/Department	Erasmus Code	Address	Country	Contact person name; email; phone
Sending Institution	Università Carlo Cattaneo - LIUC		I CASTELL 01 (when applicable)	Corso Giacomo Matteotti, 22 Castellanza (VA) 21053	Italy	

	Name	Faculty/Department	Erasmus Code	Address	Country	Contact person name; email; phone
Receiving Institution						

Mobility start date: _____

Mobility end date: _____

Supervisor at Sending University: _____

Supervisor at 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 program 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   RECEIVING INSTITUTION
Università Carlo Cattaneo – LIUC   xxxxxxxxxxxxxxxxxxxxxx

Date: Date:
Ph.D. Coordinator   xxxxxxxxxxxxxxxxxxxxxx
Raffaella Manzini   xxxxxxxxxxxxxxxxxxxxxx
_____   _____