Name of stude	nt:			
Sending institution:		Country:	Country:	
DETAILS OF THE	PROPOSED STUDY PROGRAMME AB	ROAD		
Receiving instit	tution: Università Carlo Cattaneo - LIU	C Country: _ltaly		
Course unit code	Cour	se unit title	N. of	
	(as indicated on	(as indicated on the university website)		
			credits	
TOTAL				
Student's signa	ature			
		Date:		
SENDING INS	TITUTION			
We confirm that this proposed programme of study/learning agreement is approved:				
Departmental coordinator's signature:		Institutional coordinator's sig	nature	
Date:		Date:	Date:	
RECEIVING IN	ISTITUTION			
We confirm that this proposed programme of study/learning agreement is approved:				
Departmental coordinator's signature:		_	Institutional coordinator's signature	
Date:		Date:		