Name of student:_____

Sending institution: _____Country: _____

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

Receiving institution: Università Carlo Cattaneo - LIUC___ Country: _Italy __

Course unit code	Course unit title (as indicated on the university website)	N. of ECTS credits
TOTAL		

Student's signature

..... Date:.....

SENDING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved:

Departmental coordinator's signature: Institutional coordinator's signature

_____ _____

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:_____