UNIVERSITÀ DEGLI STUDI DEL MOLISE

Università della Svizzera italiana — Software Institute

LEARNING AGREEMENT for DOUBLE DEGREE *drafted in compliance with the mobility plan agreed upon on the Cooperation Agreement between USI and UNIMOL*				
Student	Name and surname	Date of birth	Year of Enrolment	Contact details
Sending Institution	Contact person's name and surname	Contact details		
Receiving Institution	Contact person's name and surname	Contact details		

Part 1 – to be filled in before the mobility

BEFORE THE MOBILITY *Study Programme at the Receiving Institution* **Planned period of the mobility: from …… to ……**				
Code	RECEIVING INSTITUTION: **subject name**	**Credits**	SENDING INSTITUTION: **subject name**	**Credits**

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Commitment of the three parties By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and Receiving Institutions undertake to apply all the principles agreed upon in the Cooperation Agreement for the Double Degree Programme). The Receiving Institution confirms that the educational components listed above are in line with the mobility plan agreed upon and should be available to the student. The Sending Institution commits to recognise all the credits gained at the Receiving Institution for the successfully completed educational components and to count them towards the student's degree. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties. The student and the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period in the form hereby)			
Student	**Name**	**Date**	**Signature**
Responsible person at the Sending Institution			
Responsible person at the Receiving Institution			

Part 2 – <u>only to be filled in if applicable</u>

DURING THE MOBILITY (***Exceptional changes to be undersigned by the student and approved by the responsible person in the Sending Institution and the responsible person in the Receiving Institution)***				
Code	**Subject name at the Receiving Institution**	**Credits**	**Indicate if (A)DDED or (D)ELETED and the corresponding unit at the Sending Institution**	**Credits**

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Undersigned and approved			
Student	**Name**	**Date**	**Signature**
Responsible person at the Sending Institution			
Responsible person at the Receiving Institution			

Part 3 – <u>to be filled in after the mobility</u>

AFTER THE MOBILITY – Receiving Institution ***Transcript of Records at the Receiving Institution*** **Start and end dates of the study period: from …..…… to…… ……..**				
Code	**Component title at the sending institution**	**Successfully completed (Y)es or (N)o**	**Grade at Sending Institution**	**Credits**

Verified by the Responsible person at the Sending Institution	**Name**	**Date**	**Signature**

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AFTER THE MOBILITY – Sending Institution *Transcript of Records and Recognition at the Sending Institution*			
Code	**Title of recognised component at the Sending Institution**	**Corresponding grade at the Sending Institution**	**Number of Credits recognized**

Validated by the Responsible person at the Sending Institution	**Name**	**Date**	**Signature**