**LEARNING AGREEMENT – DURING THE MOBILITY**

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| **STUDENT** | | | | | |
| Last name(s)…………………………………………………….. | | | First name(s)…………………………………... | Mobile……………………………… | |
| Date of birth…………………………… | Nationality……………………………………………………………………………. | | | | Sex (M/F)……………… |
| Study cycle……………………………………………….. | | Field of education ……………………………………. | | Identification n°…………………… | |

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| **SENDING INSTITUTION** | | | |
| Name:  ……………………………………………………………………... | | Faculty/Department:  …………………………………………………. | Erasmus Code:  …………………………. |
| Address:  …………………………………………. | Country:  ……………………… | Contact Person name, email, phone:  ………………………………………………………………………………………….. | |

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| **RECEIVING INSTITUTION** | | | |
| Name: **Università degli Studi di Firenze** | | Faculty/Department: **Scuola di Architettura** | Erasmus Code: **I FIRENZE01** |
| Address: **Via della Mattonaia, 8** | Country: **Italy** | Contact Person name: **Prof.ssa Camilla Perrone archint@unifi.it** | |

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| **DURING the mobility** | | | | | | |
| **Table A2 - Exceptional changes to Table A**  (to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Institution) | | | | | | |
| **Component code**  *(if any)* | | **Component title at the Receiving Institution**  *(as indicated in the course catalogue)* | **Deleted component**[tick if applicable] | **Added component** [tick if applicable] | **Reason of change** [choose an item] | **Number of ECTS credits** (or equivalent) |
| 1 |  |  | ☐ | ☐ |  |  |
| 2 |  |  | ☐ | ☐ |  |  |
| 3 |  |  | ☐ | ☐ |  |  |
| 4 |  |  | ☐ | ☐ |  |  |
| 5 |  |  | ☐ | ☐ |  |  |
| 6 |  |  | ☐ | ☐ |  |  |
| 7 |  |  | ☐ | ☐ |  |  |
| 8 |  |  | ☐ | ☐ |  |  |
| 9 |  |  | ☐ | ☐ |  |  |
| 10 |  |  | ☐ | ☐ |  |  |
| 11 |  |  | ☐ | ☐ |  |  |
| 12 |  |  | ☐ | ☐ |  |  |
| 13 |  |  | ☐ | ☐ |  |  |
| 14 |  |  | ☐ | ☐ |  |  |
| 15 |  |  | ☐ | ☐ |  |  |
| 16 |  |  | ☐ | ☐ |  |  |
| 17 |  |  | ☐ | ☐ |  |  |
| 18 |  |  | ☐ | ☐ |  |  |

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| **Table B2 - Exceptional changes to Table B**  (to be approved by e-mail or signature by the student and the responsible person in the Sending) | | | | | | |
| **Component code**  *(if any)* | | **Component title at the Receiving Institution**  *(as indicated in the course catalogue)* | **Deleted component**[tick if applicable] | **Added component** [tick if applicable] | **Reason of change** [choose an item] | **Number of ECTS credits** (or equivalent) |
| 1 |  |  | ☐ | ☐ |  |  |
| 2 |  |  | ☐ | ☐ |  |  |
| 3 |  |  | ☐ | ☐ |  |  |
| 4 |  |  | ☐ | ☐ |  |  |
| 5 |  |  | ☐ | ☐ |  |  |
| 6 |  |  | ☐ | ☐ |  |  |
| 7 |  |  | ☐ | ☐ |  |  |
| 8 |  |  | ☐ | ☐ |  |  |
| 9 |  |  | ☐ | ☐ |  |  |
| 10 |  |  | ☐ | ☐ |  |  |
| 11 |  |  | ☐ | ☐ |  |  |
| 12 |  |  | ☐ | ☐ |  |  |
| 13 |  |  | ☐ | ☐ |  |  |
| 14 |  |  | ☐ | ☐ |  |  |
| 15 |  |  | ☐ | ☐ |  |  |
| 16 |  |  | ☐ | ☐ |  |  |
| 17 |  |  | ☐ | ☐ |  |  |
| 18 |  |  | ☐ | ☐ |  |  |

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| **Changes of the Responsible person(s)**  In case of changes of the responsible person(s), the information below should be inserted by the Sending or Receiving Institution, where applicable | | | |
|  | **Name** | **Email** | **Position** |
| New Responsible person at the  **Sending** Institution |  |  |  |
| New Responsible person at the **Receiving** Institution |  |  |  |

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| **Signatures for the approval of the changes** | | |
|  | **Date** | **Signature** |
| **Student** |  |  |
| New Responsible person at the  **Sending** Institution |  |  |
| New Responsible person at the **Receiving** Institution |  |  |