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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student** | | **Last name(s)** | **First name(s)** | | **Date of birth** | | **Nationality** | **Sex [M/F]** | | **Study cycle** | | **Field of education** | | | |
|  |  | |  | |  |  | |  Medical School   PhD Course | |  | | | |
| **Sending Institution** | | **Name** | **Faculty/ Department** | | | | **Address** | **Country** | | **Contact person name; email; phone** | | | | | |
| Università degli Studi di Verona |  | | | |  | Italy | | Anna De Salvo - Research Office [international.cooperation@ateneo.univr.it](mailto:international.cooperation@ateneo.univr.it)  +39 045 8028591 | | | | | |
| **Receiving Institution** | | **Name** | **Faculty/ Department** | | | | **Address** | **Country** | | **Contact person name; email; phone** | | | | | |
|  |  | | | |  |  | |  | | | | | |
| **Before the Mobility** | | | | | | | | | | | | | | | |
|  | ***Student’s Programme at the Receiving Institution*** | | | | | | | | | | | | | | |
| **Planned period of the mobility: 90 days from [day/month/year] ……………. to [day/month/year] ……………** | | | | | | | | | | | | | | | |
| **Study/research project title: …** | | | | | | | | | | | | | |  | |
| **Number of working hours per week: …** | | | | | | | | **Credits recognized by the sending institution upon completion (if any)** | | | | | | | |
| **Description of the activities to be carried out at the receiving institution:** | | | | | | | | | | | | | | | |
| **By signing this document, the student, the supervisor at the sending institution and the supervisor at the Receiving Organisation confirm that they approve this Agreement and that they will comply with all the arrangements agreed by all parties. The student and the supervisor at the Receiving Organisation will communicate to the sending institution any issues or changes regarding the mobility period.** | | | | | | | | | | | | | | |
| **Commitment** | | | | **First and last name** | | **Email** | | | **Position** | | **Date** | | **Signature** | |
| Student | | | |  | |  | | |  | |  | |  | |
| Supervisor at the Sending Institution | | | |  | |  | | |  | |  | |  | |
| Supervisorat the Receiving Institution | | | |  | |  | | |  | |  | |  | |