**DURING the Mobility**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student** | **Last name(s)** | **First name(s)** |  | **Sex [M/F]** | **Study cycle** | **Field of education** |
|  |  |  |  |  |  |
| **Sending Institution** | **Name** | **Faculty/Department** | **Address** | **Country** | **Contact person: name, phone number, e-mail address** | |
| Università degli Studi di Verona |  | University of Verona  International Office  Via dell’Artigliere 8,  37129 Verona | **ITALY** | International Relations Office  +39 045 802 8196  relazioni.internazionali@ateneo.univr.it | |
| **Receiving Institution** | **Name** | **Faculty/ Department** | **Address** | **Country** | **Contact person: name, phone number, e-mail address** | |
|  |  |  |  |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Exceptional changes to Table A**  (to be approved by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Institution) | | | | | |
| **Table A2**  **DURING the mobility** | **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] | **Confirmed component** | **Number of LOCAL credits** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Total:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Exceptional changes to Table B**  (to be approved by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Institution) | | | | | |
| **Table B2**  **DURING the mobility** | **Component code** (if any) | **Component title at the** **Sending Institution** (as indicated in the course catalogue) | **Deleted component** [tick if applicable] | **Added component** [tick if applicable] | **Confirmed component** | **Number of ECTS credits (or CFU)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Total:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signatories** | **Name** | **Email** | **Position** | **Date**  **(dd / mm / yyyy)** | **Signature** |
| **Student** |  |  | *Student* |  |  |
| **Delegato all’internazionalizzazione di Dipartimento**  at theSending Institution |  |  |  |  |  |
| **Academic Coordinator**  Responsible person at theReceiving Institution |  |  |  |  |  |