**DURING the Mobility**

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| --- | --- | --- | --- | --- | --- | --- |
| **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 VeronaInternational OfficeVia dell’Artigliere 8, 37129 Verona | **ITALY** | International Relations Office+39 045 802 8196relazioni.internazionali@ateneo.univr.it |
| **Receiving Institution**  | **Name** | **Faculty/ Department** | **Address** | **Country** | **Contact person: name, phone number, e-mail address** |
|  |  |  |  |  |

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|   | **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 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 |  |  |  |  |  |