

Erasmus+ International Credit Mobility
LEARNING AGREEMENT FOR RESEARCH ACTIVITIES

DETAILS OF THE PROPOSED RESEARCH PROGRAMME
for 1st and 2nd cycle degree theses

Academic year	<u>2020/2021</u>	Semester of the proposed mobility	_____
Student's name	_____	Student's surname	_____
Field of study	_____		
Home institution	_____	Country	_____

Host Institution _____ Country _____

Description of the research activities:

Research activities coordinator at _____ (Home Institution),
prof.
(in capital letters and signature) _____

Erasmus+ Administrative Unit Coordinator's signature (Home Institution) _____	Date (dd/mm/yyyy) _____
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Student's signature _____

During the mobility

Erasmus + Scientific coordinator or Erasmus+ Department Delegate (Host Institution) _____	Date (dd/mm/yyyy) _____
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