Erasmus+ International Credit Mobility

LEARNING AGREEMENT FOR RESEARCH ACTIVITIES

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

Academic year	2019/2020	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)
_____	_____

Student's signature _____

During the mobility

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