

**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>2019/2020</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) _____
---	-----------------------------------

Student's signature _____

During the mobility

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