



Erasmus+

NANCYUNIVERSITÀ
DEGLI STUDI
DI PADOVA**LEARNING AGREEMENT FOR STUDIES****The Student**

Last name (s)		First name (s)	
Date of birth		Nationality	ITALIAN
Sex[M/F]	F	Academic year	2015/2016
Study cycle	6 years single cycle degree	Subject area	Medicine
Phone		E-mail	

The Sending Institution

Name	Università degli Studi di PADOVA	Faculty	
Erasmus code	I PADOVA01	Department	DEPARTMENT OF MEDICINE
Address	Via 8 Febbraio, 2, 35122, Padova	Country	Italy
Contact person name	MAESTRELLI PIERO	Contact person e-mail/phone	piero.maestrelli@unipd.it /

The Receiving Institution

Name	UNIVERSITÉ DE LORRAINE	Faculty	
Erasmus code	F NANCY43	Department	
Address	NANCY CEDEX	Country	France
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 10/09/2015 till 03/07/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
	Anatomie Pathologique		8
	Cancérologie- Hématologie- Rhumatologie Immunopathologie		10
	Dermatologie- Maxillo Faciale- ORL- Ophtalmologie		10
	Digestif- Maladies infectieuses		11
	Medicine et santé publique e lieu de travail		6
	Neurologie		7
	Psychiatrie		4
	Radiologie		4
	Réanimation		5
	Stage de Chirurgie		6
	Stage de Medicine		8
Total:			79

Web link to the course catalogue at the receiving institution at the receiving institution describing the learning outcomes:

[Web link(s) to be provided.]

Table B: Group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad NB no one to one match with Table A is required. Where all credits in Table A are recognised as forming part of the programme at the sending institution without any further conditions being applied, Table B may be completed with a reference to the mobility window (see guidelines)

Component code	Component title	Semester	ECTS credits
MEN1034321	ANATOMIA PATOLOGICA		8
MEP3054872	AUDIOLOGIA (MOD. MOS)		1
MEP3054883	CHIRURGIA PLASTICA (MOD. MOS)		1
MEN1034498	DIAGNOSTICA PER IMMAGINI		4
MEP3054130	EMERGENZE MEDICO-CHIRURGICHE		5
MEP4069161	IGIENE GENERALE E APPLICATA 1 (MOD. SANITA' PUBBLICA)		4
MEP3054874	MALATTIE CUTANEE E VENEREE (MOD. MOS)		2
MEP3054870	MALATTIE DELL'APPARATO VISIVO (MOD. MOS)		2
MEP3055352	MALATTIE DEL SANGUE 1 (MOD. SMC 4)		2
MEP3055356	MALATTIE DEL SANGUE 2 (MOD. SMC 4)		1
MEP3054873	MALATTIE ODONTOSTOMATOLOGICHE (MOD. MOS)		1
MEP4069160	MEDICINA DEL LAVORO (MOD. SANITA' PUBBLICA)		4
MEP3055354	MEDICINA INTERNA (MOD. SMC 4)		2
MEP4069159	MEDICINA LEGALE (MOD. SANITA' PUBBLICA)		4
MEP3054127	NEUROLOGIA		5
MEP3055355	ONCOLOGIA MEDICA (MOD. SMC 4)		2
MEP3054871	OTORINOLARINGOIATRIA (MOD. MOS)		2



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MEP3054125	PSICHIATRIA (PERCORSO TRADIZIONALE)		5
MEP3055353	REUMATOLOGIA 1 (MOD. SMC 4)		2
MEP3055351	REUMATOLOGIA 2 (MOD. SMC 4)		1
MEP3054234	TIROCINIO PROFESSIONALIZZANTE DI CHIRURGIA GENERALE (QUINTO ANNO)		6
MEP3054226	TIROCINIO PROFESSIONALIZZANTE DI MEDICINA INTERNA (QUINTO ANNO)		8
MEO2048728	ANATOMIA PATOLOGICA (MOD. SMC 3)		1
MEO2048727	CHIRURGIA GENERALE (MOD. SMC 3)		1
MEO2048725	GASTROENTEROLOGIA (MOD. SMC 3)		3
MEO2048729	LA PREVENZIONE NEL MONDO MODERNO INTER-RAZZIALE (MOD. SMC 3)		1
MEO2048726	MALATTIE INFETTIVE (MOD. SMC 3)		1
MEO2048724	PATOLOGIA DELL'APPARATO DIGERENTE E TERRITORIO (MOD. SMC 3)		1
Total:			80

If the student does not complete successfully some educational components, the following provisions will apply:

<http://www.unipd.it/node/2847> delibera SA 9/6/2014

Language competence of the student

The level of language competence in _____ [the main language of instruction] that the student already has or agrees to acquire by the start of the study period is:

[A1] [A2] [B1] [B2] [C1] [C2]

[i] For the Common European Framework of Reference for Languages (CEFR) see

"<http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>"



II. RESPONSIBLE PERSONS

Responsible person in the sending institution	
Name: MAESTRELLI PIERO	Function: Academic person Responsible for mobility
Phone number:	E-mail: piero.maestrelli@unipd.it

Responsible person in the receiving institution	
Name:	Function:
Phone number:	E-mail:

III. COMMITMENT OF THE THREE PARTIES

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and receiving institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the inter-institutional agreement for institutions located in partner countries).

The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.

The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties.

The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period.

Date: 16/10/2015

The sending institution MAESTRELLI PIERO (1)	Date: 24/10/2015
---	------------------

The receiving institution _____	Date:
---	-------

(1) Confirmed with electronic signature under SAML 2.0 protocol. To verify the validity of the signature please refer to: erasmus@unipd.it



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Phone		E-mail	

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Name	UNIVERSITÉ DE LORRAINE	Faculty	
Erasmus code	F NANCY43	Department	
Address	NANCY CEDEX	Country	France
Contact person name		Contact person e-mail/phone	/

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	Digestif- Maladies infectieuses		11
	Médecine et santé publique et lieu de travail		6
	Neurologie		7
	Psychiatrie		4
	Radiologie		4
	Réanimation		5
	Stage de Chirurgie		6
	Stage de Médecine		8
Total:			79

Web link to the course catalogue at the receiving institution at the receiving institution describing the learning outcomes:

[Web link(s) to be provided.]

Table B: Group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad NB no one to one match with Table A is required. Where all credits in Table A are recognised as forming part of the programme at the sending institution without any further conditions being applied, Table B may be completed with a reference to the mobility window (see guidelines)

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MEN1034498	DIAGNOSTICA PER IMMAGINI		4
MEP3054130	EMERGENZE MEDICO-CHIRURGICHE		5
MEP4069161	IGIENE GENERALE E APPLICATA I (MOD. SANITA' PUBBLICA)		4
MEP3054874	MALATTIE CUTANEE E VENEREE (MOD. MOS)		2
MEP3054870	MALATTIE DELL'APPARATO VISIVO (MOD. MOS)		2
MEP3055352	MALATTIE DEL SANGUE 1 (MOD. SMC 4)		2
MEP3055356	MALATTIE DEL SANGUE 2 (MOD. SMC 4)		1
MEP3054873	MALATTIE ODONTOSTOMATOLOGICHE (MOD. MOS)		1
MEP4069160	MEDICINA DEL LAVORO (MOD. SANITA' PUBBLICA)		4
MEP3055354	MEDICINA INTERNA (MOD. SMC 4)		2
MEP4069159	MEDICINA LEGALE (MOD. SANITA' PUBBLICA)		4
MEP3054127	NEUROLOGIA		5
MEP3055355	ONCOLOGIA MEDICA (MOD. SMC 4)		2
MEP3054871	OTORINOLARINGOIATRIA (MOD. MOS)		2
MEP3054125	PSICHIATRIA (PERCORSO)		5



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	TRADIZIONALE)		
MEP3055353	REUMATOLOGIA 1 (MOD. SMC 4)		2
MEP3055351	REUMATOLOGIA 2 (MOD. SMC 4)		1
MEP3054234	TIROCINIO PROFESSIONALIZZANTE DI CHIRURGIA GENERALE (QUINTO ANNO)		6
MEP3054226	TIROCINIO PROFESSIONALIZZANTE DI MEDICINA INTERNA (QUINTO ANNO)		8
MEO2048728	ANATOMIA PATOLOGICA (MOD. SMC 3)		1
MEO2048727	CHIRURGIA GENERALE (MOD. SMC 3)		1
MEO2048725	GASTROENTEROLOGIA (MOD. SMC 3)		3
MEO2048729	LA PREVENZIONE NEL MONDO MODERNO INTER-RAZZIALE (MOD. SMC 3)		1
MEO2048726	MALATTIE INFETTIVE (MOD. SMC 3)		1
MEO2048724	PATOLOGIA DELL'APPARATO DIGERENTE E TERRITORIO (MOD. SMC 3)		1
Total:			80

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"<http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>"



II. RESPONSIBLE PERSONS

Responsible person in the sending institution	
Name: MAESTRELLI PIERO	Function: Academic person Responsible for mobility
Phone number:	E-mail: piero.maestrelli@unipd.it

Responsible person in the receiving institution	
Name:	Function:
Phone number:	E-mail:

III. COMMITMENT OF THE THREE PARTIES

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The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.

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The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period.

The student	
(1)	Date: 16/10/2015

The sending institution	
MAESTRELLI PIERO	
(1)	Date: 24/10/2015

The receiving institution	
_____	Date:

(1) Confirmed with electronic signature under SAML 2.0 protocol. To verify the validity of the signature please refer to: erasmus@unipd.it



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Date of birth		Nationality	ITALIAN
Sex[M/F]	F	Academic year	2015/2016
Study cycle	6 years single cycle degree	Subject area	Medicine
Phone		E-mail	

The Sending Institution

Name	Università degli Studi di PADOVA	Faculty	
Erasmus code	I PADOVA01	Department	DEPARTMENT OF MEDICINE
Address	Via 8 Febbraio, 2, 35122, Padova	Country	Italy
Contact person name	MAESTRELLI PIERO	Contact person e-mail/phone	piero.maestrelli@unipd.it /

The Receiving Institution

Name	UNIVERSITÉ DE LORRAINE	Faculty	
Erasmus code	F NANCY43	Department	
Address	NANCY CEDEX	Country	France
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 10/09/2015 till 03/07/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
	anatomie pathologique		8
	cancerologie - oncohematologie - immunopathologie -rhumatologie		10
	dermatologie - maxillo-faciale - orl - ophtalmologie		10
	digestif - maladies infectieuses		11
	medecine et sante publique et le lieu de travail		6
	neurologie		7
	psychiatrie		4
	radiologie		4
	reanimation		5
	stage de chirurgie		6
	stage de medecine		8
Total:			79

Web link to the course catalogue at the receiving institution at the receiving institution describing the learning outcomes:

[Web link(s) to be provided.]

Table B: Group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad NB no one to one match with Table A is required. Where all credits in Table A are recognised as forming part of the programme at the sending institution without any further conditions being applied, Table B may be completed with a reference to the mobility window (see guidelines)

Component code	Component title	Semester	ECTS credits
MEN1034321	ANATOMIA PATOLOGICA		8
MEP3058302	AUDIOLOGIA (MOD. MOS)		1
MEP4062805	BIOETICA (MOD. SANITA' PUBBLICA)		1
MEP3058299	CHIRURGIA MAXILLO-FACCIALE (MOD. MOS)		1
MEN1034498	DIAGNOSTICA PER IMMAGINI		4
MEP3054130	EMERGENZE MEDICO-CHIRURGICHE		5
MEP4062563	IGIENE GENERALE E APPLICATA 1 (MOD. SANITA' PUBBLICA)		4
MEP3058304	MALATTIE CUTANEE E VENEREE (MOD. MOS)		2
MEP3058298	MALATTIE DEGLI ORGANI DI SENSO (C.I.)		0
MEP3058300	MALATTIE DELL'APPARATO VISIVO (MOD. MOS)		2
MEP3055327	MALATTIE DEL SANGUE 1 (MOD. SMC 4)		2
MEP3055356	MALATTIE DEL SANGUE 2 (MOD. SMC 4)		1
MEP3058303	MALATTIE ODONTOSTOMATOLOGICHE (MOD. MOS)		1
MEP4062562	MEDICINA DEL LAVORO (MOD. SANITA' PUBBLICA)		4
MEP4069158	MEDICINA E SANITA' PUBBLICA E DEGLI AMBIENTI DI LAVORO E SCIENZE MEDICO LEGALI (C.I.) (PERCORSO TRADIZIONALE)		0



MEP3055325	MEDICINA INTERNA (MOD. SMC 4)		2
MEP4062561	MEDICINA LEGALE (MOD. SANITA' PUBBLICA)		4
MEP3054127	NEUROLOGIA		5
MEP3055326	ONCOLOGIA MEDICA (MOD. SMC 4)		2
MEP3058301	OTORINOLARINGOIATRIA (MOD. MOS)		2
MEP3054125	PSICHIATRIA (PERCORSO TRADIZIONALE)		5
MEP3055324	REUMATOLOGIA 1 (MOD. SMC 4)		2
MEP3055351	REUMATOLOGIA 2 (MOD. SMC 4)		1
MEP3055350	SPECIALITA' MEDICO-CHIRURGICHE 4 (PERCORSO TRADIZIONALE) (C.I.)		0
MEP3054234	TIROCINIO PROFESSIONALIZZANTE DI CHIRURGIA GENERALE (QUINTO ANNO)		6
MEP3054226	TIROCINIO PROFESSIONALIZZANTE DI MEDICINA INTERNA (QUINTO ANNO)		8
MEO2048728	ANATOMIA PATOLOGICA (MOD. SMC 3)		1
MEO2048727	CHIRURGIA GENERALE (MOD. SMC 3)		1
MEO2048725	GASTROENTEROLOGIA (MOD. SMC 3)		3
MEO2048729	LA PREVENZIONE NEL MONDO MODERNO INTER-RAZZIALE (MOD. SMC 3)		1
MEO2048726	MALATTIE INFETTIVE (MOD. SMC 3)		1
MEO2048724	PATOLOGIA DELL'APPARATO DIGERENTE E TERRITORIO (MOD. SMC 3)		1
MEO2048723	SPECIALITA' MEDICO-CHIRURGICHE 3 (PERCORSO TRADIZIONALE) (C.I.)		0
Total:			81

If the student does not complete successfully some educational components, the following provisions will apply:

<http://www.unipd.it/node/2847> delibera SA 9/6/2014

Language competence of the student

The level of language competence in _____ [the main language of instruction] that the student already has or agrees to acquire by the start of the study period is:

[A1] [A2] [B1] [B2] [C1] [C2]

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II. RESPONSIBLE PERSONS

Responsible person in the sending institution	
Name: MAESTRELLI PIERO	Function: Academic person Responsible for mobility
Phone number:	E-mail: piero.maestrelli@unipd.it

Responsible person in the receiving institution	
Name:	Function:
Phone number:	E-mail:

III. COMMITMENT OF THE THREE PARTIES

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and receiving institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the inter-institutional agreement for institutions located in partner countries).

The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.

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The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period.

The student	Date: 15/10/2015
--------------------	------------------

The sending institution MAESTRELLI PIERO (1)	Date: 23/10/2015
---	------------------

The receiving institution _____	Date:
---	-------

(1) Confirmed with electronic signature under SAML 2.0 protocol. To verify the validity of the signature please refer to: erasmus@unipd.it



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NANCY

UNIVERSITÀ
DEGLI STUDI
DI PADOVA**LEARNING AGREEMENT FOR STUDIES****The Student**

Last name (s)		First name (s)	
Date of birth		Nationality	ITALIAN
Sex[M/F]	F	Academic year	2015/2016
Study cycle	6 years single cycle degree	Subject area	Medicine
Phone		E-mail	

The Sending Institution

Name	Università degli Studi di PADOVA	Faculty	
Erasmus code	I PADOVA01	Department	DEPARTMENT OF MEDICINE
Address	Via 8 Febbraio, 2, 35122, Padova	Country	Italy
Contact person name	MAESTRELLI PIERO	Contact person e-mail/phone	piero.maestrelli@unipd.it /

The Receiving Institution

Name	UNIVERSITÉ DE LORRAINE	Faculty	
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Planned period of the mobility: from 10/09/2015 till 03/07/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
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	CANCEROLOGIE - ONCOHEMATOLOGIE - IMMUNOPATHOLOGIE - RHUMATOLOGIE		10
	DERMATOLOGIE - MAXILLO-FACIALE - ORL - OPHTALMOLOGIE		10
	DIGESTIF - MALADIES INFECTIEUSES		11
	MEDICINE ET SANTE PUBLIQUE ET LE LIEU DE TRAVAIL		6
	NEUROLOGIE		7
	PSYCHIATRIE		4
	RADIOLOGIE		4
	REANIMATION		5
	STAGE DE CHIRURGIE		6
	STAGE DE MEDICINE		8
		Total:	79

Web link to the course catalogue at the receiving institution at the receiving institution describing the learning outcomes:

[Web link(s) to be provided.]

Table B: Group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad NB no one to one match with Table A is required. Where all credits in Table A are recognised as forming part of the programme at the sending institution without any further conditions being applied, Table B may be completed with a reference to the mobility window (see guidelines)

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Name: MAESTRELLI PIERO	Function: Academic person Responsible for mobility
Phone number:	E-mail: piero.maestrelli@unipd.it

Responsible person in the receiving institution	
Name:	Function:
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(1)	Date: 15/10/2015

The sending institution	
MAESTRELLI PIERO	
(1)	Date: 23/10/2015

The receiving institution	
_____	Date:

(1) Confirmed with electronic signature under SAML 2.0 protocol. To verify the validity of the signature please refer to: erasmus@unipd.it