



Erasmus+

WIEN

Higher Education

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	MEDIZINISCHE UNIVERSITAET WIEN	Faculty	
Erasmus code	A WIEN64	Department	
Address	WIEN	Country	Austria
Contact person name		Contact person e-mail/phone	/

I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from 28/09/2015 till 25/03/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
4DIPLMM26	Dermatology and Venerology		4.7
4DIPLMM27	Internal Medicine		5
5DIPLMNEUR	Neurology		6.7
5DIPLMOPHT	Ophthalmology		3.8
5DIPLMOPT	Optional Subjects		6
5DIPLMORL	Otolaryngology		3.8
Total:			30

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
MEP3058302	AUDIOLOGIA (MOD. MOS)		1
MEP3058299	CHIRURGIA MAXILLO-FACCIALE (MOD. MOS)		1
MEP3058304	MALATTIE CUTANEE E VENEREE (MOD. MOS)		2
MEP3058300	MALATTIE DELL'APPARATO VISIVO (MOD. MOS)		2
MEP3055352	MALATTIE DEL SANGUE 1 (MOD. SMC 4)		2
MEP3058303	MALATTIE ODONTOSTOMATOLOGICHE (MOD. MOS)		1
MEP3055325	MEDICINA INTERNA (MOD. SMC 4)		2
MEP3055244	MEDICINA INTERNA 1 (PERCORSO BIOMEDICO E UMANISTICO)		8
MEP3054127	NEUROLOGIA		5
MEP3055326	ONCOLOGIA MEDICA (MOD. SMC 4)		2
MEP3058301	OTORINOLARINGOIATRIA (MOD. MOS)		2
MEP3055324	REUMATOLOGIA 1 (MOD. SMC 4)		2
Total:			30

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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[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: 30/10/2015

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

Last name (s)		First name (s)	
Date of birth		Nationality	ITALIAN
Sex[M/F]	M	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	MEDIZINISCHE UNIVERSITAET WIEN	Faculty	
Erasmus code	A WIEN64	Department	
Address	WIEN	Country	Austria
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 28/09/2015 till 25/03/2016

Table A: Study programme abroad.

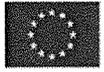
Component code	Component title	Semester	ECTS credits
4DIPLMM26	Dermatology and venereology		4.7
5DIPLMEMM	emergency medicine,intensive care		6.7
5DIPLMNEUR	Neurology		6.7
5DIPLMOPHT	Ophthalmology		3.8
4DIPLMOPT8	Optional subjects to be named later		14
2DIPLML8A	organ morphology 1		3.3
3DIPLML8B	organ morphology 2		3.6
5DIPLMOPHT	Otolaryngology		3.8
5DIPLMPSYC	Psychiatry		6.7
Total:			3.30000000000004

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
MEP3058299	CHIRURGIA MAXILLO-FACCIALE (MOD. MOS)		1
MEP3054130	EMERGENZE MEDICO-CHIRURGICHE		5
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
MEP3055352	MALATTIE DEL SANGUE 1 (MOD. SMC 4)		2
MEP3055356	MALATTIE DEL SANGUE 2 (MOD. SMC 4)		1
MEP3058303	MALATTIE ODONTOSTOMATOLOGICHE (MOD. MOS)		1
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
MEP3054226	TIROCINIO PROFESSIONALIZZANTE DI MEDICINA INTERNA (QUINTO ANNO)		8
Total:			48



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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://europa.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: 21/10/2015

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