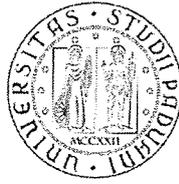




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Higher Education  
Learning Agreement formUNIVERSITÀ  
DEGLI STUDI  
DI PADOVA**LEARNING AGREEMENT FOR STUDIES****The Student**

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	JUSTUS-LIEBIG-UNIVERSITÄT GIESSEN	Faculty	
Erasmus code	D GIESSEN01	Department	
Address	GIESSEN	Country	Germany
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 01/10/2015 till 28/03/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
D-LSUD-5-MedIntMedPrac	Block practical training in Internal Medicine		4
D-LSUD-10-Med-CIPatholConf	Clinical Pathology Conference		6
D-LSUD-8-Med-Derm	Dermatology		2
D-LSUD-8-Med-ENT	Ear, Nose + Throat		2
D-LSUD-5-Med-IntMedI	Internal Medicine		5
D-LSUD-8-Med-Neurol	Neurology		2
D-LSUD-8-Med-Ophthal	Ophthalmology		2
D-LSUD-9-Med-DermPrac	Practical Training in Dermatology		3
D-LSUD-9-Med-NeurolPrac	Practical training in Neurology		3
D-LSUD-9-Med-PsychiatPrac	Practical training in Psychiatry		3
D-LSUD-8-Med-Psychiat	Psychiatry		2
<b>Total:</b>			<b>34</b>

**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
MEP3058304	MALATTIE CUTANEE E VENEREE (MOD. MOS)		2
MEP3058300	MALATTIE DELL'APPARATO VISIVO (MOD. MOS)		2
MEP3058303	MALATTIE ODONTOSTOMATOLOGICHE (MOD. MOS)		1
MEP3055102	MEDICINA INTERNA 1 (PERCORSO TRADIZIONALE)		9
MEP3054127	NEUROLOGIA		5
MEP3058301	OTORINOLARINGOIATRIA (MOD. MOS)		2
MEP3054125	PSICHIATRIA (PERCORSO TRADIZIONALE)		5
<b>Total:</b>			<b>36</b>

**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**

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

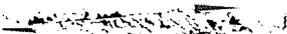
**III. COMMITMENT OF THE THREE PARTIES**

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.

<b>The student</b> 	
(1)	Date: 18/10/2015
<b>The sending institution</b> MAESTRELLI PIERO	
(1)	Date: 24/10/2015
<b>The receiving institution</b> _____	Date: _____

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



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Higher Education  
Learning Agreement formUNIVERSITÀ  
DEGLI STUDI  
DI PADOVA

## LEARNING AGREEMENT FOR STUDIES

## PROMEMORIA - NON VALIDO PER LA PRESENTAZIONE

## The Student

Last name (s)	MAESTRELLI	First name (s)	PIERO
Date of birth	19/01/1995	Nationality	ITALIAN
Sex[M/F]	F	Academic year	2015/2016
Study cycle	6 years single cycle degree	Subject area	Medicine
Phone	049 8451111	E-mail	maestrelli.piero@unipd.it

## 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	JUSTUS-LIEBIG-UNIVERSITÄT GIESSEN	Faculty	
Erasmus code	D GIESSEN01	Department	
Address	GIESSEN	Country	Germany
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 01/10/2015 till 28/03/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
D-LSUD-5-MedIntMedPrac	Block practical training in Internal Medicine ( General Practitioner)		4
D-LSUD-10-Med-CIPatholConf	Clinical Pathology Conference		6
D-LSUD-8-Med-Derm	Dermatology		2
D-LSUD-8-Med-ENT	Ear, Nose + Throat		2
D-LSUD-5-Med-IntMedI	Internal Medicine		5
D-LSUD-8-Med-Neurol	Neurology		2
D-LSUD-8-Med-Ophthal	Ophthalmology		2
D-LSUD-9-Med-DermPrac	Practical Training in Dermatology		3
D-LSUD-9-Med-NeurolPrac	Practical Training in Neurology		3
D-LSUD-9-Med-PschiatPrac	Practical Training in Psychiatry		3
D-LSUD-8-Med-Pschiat	Psychiatry		2
<b>Total:</b>			<b>34</b>

**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
MEP3054874	MALATTIE CUTANEE E VENEREE (MOD. MOS)		2
MEP3054025	MALATTIE DEGLI ORGANI DI SENSO (C.I.)		0
MEP3054870	MALATTIE DELL'APPARATO VISIVO (MOD. MOS)		2
MEP3054873	MALATTIE ODONTOSTOMATOLOGICHE (MOD. MOS)		1
MEP3055244	MEDICINA INTERNA 1 (PERCORSO BIOMEDICO E UMANISTICO)		8
MEP3054127	NEUROLOGIA		5
MEP3054871	OTORINOLARINGOIATRIA (MOD. MOS)		2
MEP3056291	PSICHIATRIA (PERCORSO BIOMEDICO E UMANISTICO)		4
<b>Total:</b>			<b>34</b>

**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**

<b>Responsible person in the sending institution</b>	
Name:	Function:
Phone number:	E-mail:

<b>Responsible person in the receiving institution</b>	
Name:	Function:
Phone number:	E-mail:

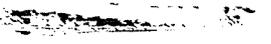
**III. COMMITMENT OF THE THREE PARTIES**

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.

<b>The student</b>	
 (1)	Date: 25/11/2015

<b>The sending institution</b>	
(1)	Date:

<b>The receiving institution</b>	
_____	Date:

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