



Erasmus+

ULM

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]	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	UNIVERSITAET ULM	Faculty	
Erasmus code	D ULM01	Department	
Address	ULM	Country	Germany
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 05/10/2015 till 27/07/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
	Augenheilkunde		4
	Chirurgie (Praktikum)		7
	Dermatologie und Venerologie		4
	Hals-Nasen-Ohren-Heilkunde		4
	Innere Medizin (Praktikum)		7
	Innere Medizin I		3
	Innere Medizin III		3
	Neurologie		6
	Notfallmedizin		6.5
	Paediatrische Haematologie und Onkologie		3
	Pathologie		8
	Psychiatrie		8
	Radiologie		4
Total:			67.5

**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)

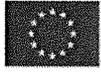
Component code	Component title	Semester	ECTS credits
MEN1034321	ANATOMIA PATOLOGICA		8
MEN1034498	DIAGNOSTICA PER IMMAGINI		4
MEP3054130	EMERGENZE MEDICO-CHIRURGICHE		5
MEP3054025	MALATTIE DEGLI ORGANI DI SENSO (C.I.)		0
MEP3054127	NEUROLOGIA		5
MEP3054125	PSICHIATRIA (PERCORSO TRADIZIONALE)		5
MEP3055350	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
Total:			41

**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>	Date: 20/10/2015
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<b>The sending institution</b>	Date: 30/10/2015
MAESTRELLI PIERO	
(1)	

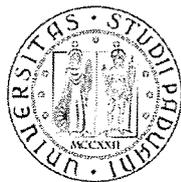
<b>The receiving institution</b>	Date:
_____	

(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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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**

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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	UNIVERSITAET ULM	Faculty	
Erasmus code	D ULM01	Department	
Address	ULM	Country	Germany
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 15/09/2015 till 08/07/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
MED31	Augenheilkunde		4
MED02121	Chirurgie Praktikum		7
	Culture Modules		1
MED33	Dermatologie		4
MED02121	Frauenheilkunde und Geburtshilfe Praktikum		4
MED30	Hals-, Nasen- und Ohrenheilkunde		4
MED22108	Innere Medizin Praktikum		7
	Intensive German Language Course		3
MED25	Orthopädie		6
MED22110	Pädiatrie Praktikum		4
<b>Total:</b>			<b>44</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
MEP4063497	ORTOPEDIA, TRAUMATOLOGIA E RIABILITAZIONE (PERCORSO BIOMEDICO E UMANISTICO)		4
MEP3056298	TIROCINIO PROFESSIONALIZZANTE DI CHIRURGIA GENERALE (SESTO ANNO)		7
MEP3056299	TIROCINIO PROFESSIONALIZZANTE DI MEDICINA INTERNA (SESTO ANNO)		9
MEP3056243	TIROCINIO PROFESSIONALIZZANTE DI OSTETRICIA E GINECOLOGIA		5
ME01120842	TIROCINIO PROFESSIONALIZZANTE DI PEDIATRIA		5
MEP3058304	MALATTIE CUTANEE E VENEREE (MOD. MOS)		2
MEP3058300	MALATTIE DELL'APPARATO VISIVO (MOD. MOS)		2
MEP3058301	OTORINOLARINGOIATRIA (MOD. MOS)		2
Free electives:			4
<b>Total:</b>			<b>40</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**



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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.

Date: 11/11/2015
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<b>The sending institution</b>
MAESTRELLI PIERO
(1)
Date: 11/11/2015

<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*



## CHANGES TO THE ORIGINAL LEARNING AGREEMENT

## I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

Table C: Exceptional changes to study programme abroad.

Component code	Component title	Deleted Component	Added Component	ECTS credits
MED25	Orthopädie	X		2
MED25	Orthopädie		X	6
				Total: 6

## III. COMMITMENT OF THE THREE PARTIES

The student, the sending institution and the receiving institution confirm that the proposed amendments to the Learning Agreement are approved.

(1)

Date: 11/11/2015

**The sending institution**

MAESTRELLI PIERO

(1)

Date: 11/11/2015

**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](mailto:erasmus@unipd.it)