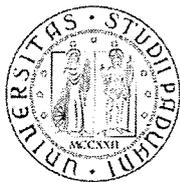




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**PARIS**UNIVERSITÀ  
DEGLI STUDI  
DI PADOVA**LEARNING AGREEMENT FOR STUDIES****The Student**

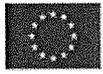
Last name (s)		First name (s)	
Date of birth		Nationality	ITALIAN
Sex[M/F]	M	Academic year	2015/2016
Study cycle	6 years single cycle degree	Subject area	Health
Phone		E-mail	

**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	UNIVERSITE PARIS DIDEROT - PARIS 7	Faculty	
Erasmus code	F PARIS007	Department	
Address	PARIS	Country	France
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 21/09/2015 till 18/03/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
Module 14	Appareil locomoteur (Rhumatologie + Chirurgie Orthopédique)		7
L2 UE2	Biopathologie tissulaire et méthode d'étud		8
Module 10	Cancérologie-Hématologie		8
Module 2	De la conception à la naissance		4
Module 11	Pédiatrie		6
Module 13	Perception ophtalmo-neurologique (Ophtalmologie + Neurologie + Neurochirurgie)		5
Module 17	Pharmacologie		10
	Stage - Chirurgie generale - digestive		7
	Stage - Gyécologie et obstetrique		5
	Stage - Urgence		9
<b>Total:</b>			<b>69</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
<b>Total:</b>			<b>0</b>

**If the student does not complete successfully some educational components, the following previsions 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.

**The student**

(1)

Date: 22/10/2015

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



Erasmus+

# PARIS

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	Health
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	UNIVERSITE PARIS DIDEROT - PARIS 7	Faculty	
Erasmus code	F PARIS007	Department	
Address	PARIS	Country	France
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 15/09/2015 till 12/03/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
module 14	appareil locomoteur (Rhumatologie-chirurgie orthopédique)		7
module 10	cancérologie-hématologie		8
module 2	de la conception à la naissance (gynécologie-obstétrique)		4
module 11	pédiatrie		6
module 13	perception ophtalmo-neurologique (ophtalmologie-neurologie-neurochirurgie)		5
	stage au service d'urgences		
	stage au service de cardiologie		
	stage au service de chirurgie digestif		
	stage au service de gynécologie		
	thesis au service de cardiologie		18
<b>Total:</b>			<b>48</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
MEP4067937	ORTOPEDIA, TRAUMATOLOGIA E RIABILITAZIONE (PERCORSO TRADIZIONALE)		6
MEN1038478	OSTETRICIA E GINECOLOGIA		4
MEP3056296	PEDIATRIA		6
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
MEP3055352	MALATTIE DEL SANGUE 1 (MOD. SMC 4)		2
MEP3055356	MALATTIE DEL SANGUE 2 (MOD. SMC 4)		1
MEP3055354	MEDICINA INTERNA (MOD. SMC 4)		2
MEP3054127	NEUROLOGIA		5
MEP3055355	ONCOLOGIA MEDICA (MOD. SMC 4)		2
MEP3055353	REUMATOLOGIA 1 (MOD. SMC 4)		2
MEP3055351	REUMATOLOGIA 2 (MOD. SMC 4)		1
MEP3055350	SPECIALITA' MEDICO-CHIRURGICHE 4 (PERCORSO TRADIZIONALE) (C.I.)		0
MEP3056304	TIROCINIO ELETTIVO (PREPARAZIONE TESI)		18
<b>Total:</b>			<b>70</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

### 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.

Student

(1)

Date: 22/10/2015

### 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