



Erasmus+

**TROMSØ**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	FASSINA AMBROGIO	Contact person e-mail/phone	ambrogio.fassina@unipd.it /

**The Receiving Institution**

Name	UNIVERSITETET I TROMSØ	Faculty	
Erasmus code	N TROMSO01	Department	
Address	TROMSØ	Country	Norway
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 06/08/2015 till 03/01/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
MED 2520	International semester		30
	Norwegian Language Course		0
HEL 3011	Peace, Health and Medical Work		10
Total:			40

**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
MEP3055102	MEDICINA INTERNA 1 (PERCORSO TRADIZIONALE)		9
MEP4061840	MEDICINA INTERNA 2 (PERCORSO BIOMEDICO E UMANISTICO)		9
MEN1038478	OSTETRICIA E GINECOLOGIA		4
MEP3056296	PEDIATRIA		6
Free electives:			10
Total:			38

**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

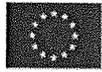
**Language competence of the student**

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



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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]	M	Academic year	2015/2016
Study cycle	6 years single cycle degree	Subject area	Medicine
Phone		E-mail	

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Erasmus code	I PADOVA01	Department	DEPARTMENT OF MEDICINE
Address	Via 8 Febbraio, 2, 35122, Padova	Country	Italy
Contact person name	FASSINA AMBROGIO	Contact person e-mail/phone	ambrogio.fassina@unipd.it /

**The Receiving Institution**

Name	UNIVERSITETET I TROMSØ	Faculty	
Erasmus code	N TROMSO01	Department	
Address	TROMSØ	Country	Norway
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 03/08/2015 till 31/12/2015

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
MED-2520	international semester		30
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)

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MEP4061840	MEDICINA INTERNA 2 (PERCORSO BIOMEDICO E UMANISTICO)		9
MENI038478	OSTETRICIA E GINECOLOGIA		4
MEP3056296	PEDIATRIA		6
Total:			28

**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: 30/10/2015
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<b>The sending institution</b>	Date: 10/11/2015
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