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OULU

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	OULUN YLIOPISTO	Faculty	
Erasmus code	SF OULU01	Department	
Address	OULU	Country	Finland
Contact person name		Contact person e-mail/phone	/

I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from 23/08/2015 till 14/06/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
060709A-01	CARDIOLOGY		3
060704A	CARDIOTHORACIC AND VASCULAR SURGERY		2
060702A	DERMATOLOGY		5
060709A-02	ENDOCRINOLOGY		3
060722A	INTERPROFESSIONAL HEALTH AND WELLBEING PROMOTION AND PREVENTION		5
060709A-03	NEPHROLOGY		3
060706A	NEUROSURGERY		4
060720A	OBESITY MINISOMPOSIUM		1.2
060710A	ONCOLOGY AND RADIOTHERAPY		3.5
060708A	OPHTHALMOLOGY		4
060704A	ORTHOPAEDICS		3
060707A	RADIOLOGY		6
060703A	RESPIRATORY MEDICINE		3
060709A-04	RHEUMATOLOGY		1
Total:			46.7

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
MEN1034498	DIAGNOSTICA PER IMMAGINI		4
MEP4069161	IGIENE GENERALE E APPLICATA 1 (MOD. SANITA' PUBBLICA)		4
MEP3058304	MALATTIE CUTANEE E VENEREE (MOD. MOS)		2
MEP3058300	MALATTIE DELL'APPARATO VISIVO (MOD. MOS)		2
MEP3055327	MALATTIE DEL SANGUE 1 (MOD. SMC 4)		2
MEP3055244	MEDICINA INTERNA 1 (PERCORSO BIOMEDICO E UMANISTICO)		8
MEP3054127	NEUROLOGIA		5
MEP3055326	ONCOLOGIA MEDICA (MOD. SMC 4)		2
MEP4063497	ORTOPEDIA, TRAUMATOLOGIA E RIABILITAZIONE (PERCORSO BIOMEDICO E UMANISTICO)		4
MEP3055324	REUMATOLOGIA 1 (MOD. SMC 4)		2
MEO2046832	ANATOMIA PATOLOGICA (MOD. SMC 1)		1
MEO2046827	CHIRURGIA CARDIACA (MOD. SMC 1)		1
MEO2046831	CHIRURGIA TORACICA (MOD. SMC 1)		1



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MEO2046830	CHIRURGIA VASCOLARE (MOD. SMC 1)	1
MEO2046829	MALATTIE DELL'APPARATO CARDIOVASCOLARE (MOD. SMC 1)	2
MEO2046828	MALATTIE DELL'APPARATO RESPIRATORIO (MOD. SMC 1)	2
MEO2046826	SPECIALITA' MEDICO-CHIRURGICHE 1 (C.I.)	0
Total:		43

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.

The student	
(1)	Date: 15/10/2015

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