



Erasmus+

**BREST**Higher Education  
Erasmus+ 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]	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	UNIVERSITE DE BRETAGNE OCCIDENTALE	Faculty	
Erasmus code	F BREST01	Department	
Address	BREST CEDEX 3	Country	France
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 01/09/2015 till 24/06/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
MOP1	Anatomie sectionelle appliquée à l'imagerie		4
UE1a, UE1b	Bases moléculaires et cellulaires des pathologies; Biopathologie tissulaire, illustration et moyen d'exploration		6
D3/P3-5	Cancérologie		5
D3	Chirurgie Thoracique et cardiovasculaire		6
D3/P3-3	Dermatologie		5
D3/P3-4	Hématologie		5
MOP13	Immunopathologie		4
DFASM1-8	Neurologie		4.5
D4-Ophta	Ophtalmologie		1
D3/P4-4	ORL		5
DFASM1	Radiologie		6
DFASM1-11	Rhumatologie		4.5
DFASM1	Urgences Adultes (stage+course)		6
<b>Total:</b>			<b>62</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
MEN1034498	DIAGNOSTICA PER IMMAGINI		4
MEP3054130	EMERGENZE MEDICO-CHIRURGICHE		5
MEP3058304	MALATTIE CUTANEE E VENEREE (MOD. MOS)		2
MEP3058300	MALATTIE DELL'APPARATO VISIVO (MOD. MOS)		2
MEP3055327	MALATTIE DEL SANGUE I (MOD. SMC 4)		2
MEP3054127	NEUROLOGIA		5
MEP3055326	ONCOLOGIA MEDICA (MOD. SMC 4)		2
MEP3058301	OTORINOLARINGOIATRIA (MOD. MOS)		2
MEP3055324	REUMATOLOGIA I (MOD. SMC 4)		2
MEP3054234	TIROCINIO PROFESSIONALIZZANTE DI CHIRURGIA GENERALE (QUINTO ANNO)		6
MEP3054226	TIROCINIO PROFESSIONALIZZANTE DI MEDICINA INTERNA (QUINTO ANNO)		8
Free electives:			4
<b>Total:</b>			<b>52</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.

**The student**

(1)

Date: 20/10/2015

**The sending institution**

MAESTRELLI PIERO

(1)

Date: 30/10/2015

**The receiving institution**

Date:

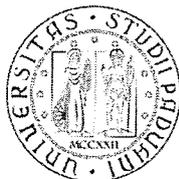
(1) Confirmed with electronic signature under SAML 2.0 protocol. To verify the validity of the signature please refer to: erasmus@unipd.it



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**BREST**

Higher Education

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D3	Chirurgie thoracique et cardiovasculaire (stage)		6
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D3/P3-4	Hématologie		5
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DSFAM1-8	Neurologie		4.5
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DSFAM1	Rhumatologie (stage)		6
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Total:			62

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**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**

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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: 19/10/2015
(1)	
<b>The sending institution</b>	
MAESTRELLI PIERO	Date: 30/10/2015
(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