



Erasmus+ HALLE

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]	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	MAESTRELLI PIERO	Contact person e-mail/phone	piero.maestrelli@unipd.it /

The Receiving Institution

Name	MARTIN-LUTHER-UNIVERSITÄT HALLE-WITTENBERG	Faculty	
Erasmus code	D HALLE01	Department	
Address	HALLE	Country	Germany
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 01/10/2015 till 20/09/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
	Arbeitsmedizin und Sozialmedizin		6.2
	Augenheilkunde		7
	Bildgeberde, Verfahren, Srahlenbeahlung und Strahlenschutz		6.3
	Blockpraktikum Chirurgie		5
	Blockpraktikum Innere Medizin		5
	Dermatologie und Veneralogie		6.8
	Hals-Nasen-Ohrenkeit		6
	Innere Medizin		15
	Neurologie und Neurochirurgie		9.5
	Notfall		4.7
	Pathologie		7
	Pharmakologie, Toxikologie		5.5
	Psychiatrie, Psychotherapie, und Seminare		8
	Rechtsmedizin		4.8
		Total:	96.8

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
MEP3054872	AUDIOLOGIA (MOD. MOS)		1
MEP3054883	CHIRURGIA PLASTICA (MOD. MOS)		1
MEN1034498	DIAGNOSTICA PER IMMAGINI		4
MEP3054130	EMERGENZE MEDICO-CHIRURGICHE		5
MEP3059436	IGIENE GENERALE E APPLICATA I (MOD. SANITA' PUBBLICA)		4
MEP3054874	MALATTIE CUTANEE E VENEREE (MOD. MOS)		2
MEP3054025	MALATTIE DEGLI ORGANI DI SENSO (C.I.)		0
MEP3054870	MALATTIE DELL'APPARATO VISIVO (MOD. MOS)		2
MEP3055327	MALATTIE DEL SANGUE I (MOD. SMC 4)		2
MEP3054873	MALATTIE ODONTOSTOMATOLOGICHE (MOD. MOS)		1
MEP4069160	MEDICINA DEL LAVORO (MOD. SANITA' PUBBLICA)		4
MEP4069158	MEDICINA E SANITA' PUBBLICA E DEGLI AMBIENTI DI LAVORO E SCIENZE MEDICO LEGALI (C.I.) (PERCORSO TRADIZIONALE)		0



MEP3055325	MEDICINA INTERNA (MOD. SMC 4)		2
MEP3055244	MEDICINA INTERNA I (PERCORSO BIOMEDICO E UMANISTICO)		8
MEP4069159	MEDICINA LEGALE (MOD. SANITA' PUBBLICA)		4
MEP3054127	NEUROLOGIA		5
MEP3055326	ONCOLOGIA MEDICA (MOD. SMC 4)		2
MEP3054871	OTORINOLARINGOIATRIA (MOD. MOS)		2
MEP3054125	PSICHIATRIA (PERCORSO TRADIZIONALE)		5
MEP3055324	REUMATOLOGIA I (MOD. SMC 4)		2
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
MEO2048728	ANATOMIA PATOLOGICA (MOD. SMC 3)		1
MEO2048727	CHIRURGIA GENERALE (MOD. SMC 3)		1
MEP3053550	FARMACOLOGIA (PERCORSO BIOMEDICO E TRADIZIONALE)		10
MEO2048725	GASTROENTEROLOGIA (MOD. SMC 3)		3
MEO2048729	LA PREVENZIONE NEL MONDO MODERNO INTER-RAZZIALE (MOD. SMC 3)		1
MEO2048726	MALATTIE INFETTIVE (MOD. SMC 3)		1
MEO2048724	PATOLOGIA DELL'APPARATO DIGERENTE E TERRITORIO (MOD. SMC 3)		1
MEO2048723	SPECIALITA' MEDICO-CHIRURGICHE 3 (PERCORSO TRADIZIONALE) (C.I.)		0
Total:			96

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.

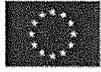
The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period.

The student	
(1)	Date: 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



Erasmus+

HALLEHigher Education
Learning Agreement formUNIVERSITÀ
DEGLI STUDI
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Last name (s)		First name (s)	
Date of birth		Nationality	ITALIAN
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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	MAESTRELLI PIERO	Contact person e-mail/phone	piero.maestrelli@unipd.it /

The Receiving Institution

Name	MARTIN-LUTHER-UNIVERSITÄT HALLE-WITTENBERG	Faculty	
Erasmus code	D HALLE01	Department	
Address	HALLE	Country	Germany
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 15/09/2015 till 04/09/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
	Augenheilkunde		6
	Blockpraktikum Chirurgie		5
	Blockpraktikum Innere Medizin		5
	Chirurgie		9.4
	Dermatologie		5.8
	Hals-Nasen-Ohrenheilk		4.9
	Innere Medizin		12.55
	Innere Medizin 2		0
	Neurologie und Neurochirurgie		9.5
	Orthopaedie		3
	Pharmakologie		5.5
	Thesis		17
Total:			83.65

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
ME20106948	PROVA FINALE		15
ME90121004	ANATOMIA PATOLOGICA (MOD. 1)		0.31
ME57121005	ANATOMIA PATOLOGICA (MOD. 2)		0.31
ME23121007	ANATOMIA PATOLOGICA (MOD. 4)		0.49
ME44121036	AUDIOLOGIA (MOD. 1)		0.3
ME37121037	AUDIOLOGIA (MOD. 2)		0.3
ME37121038	AUDIOLOGIA (MOD. 3)		0.3
MEL1005633	CHIRURGIA GENERALE		0
ME69121010	CHIRURGIA GENERALE (MOD. 1)		0.31
ME80121010	CHIRURGIA GENERALE (MOD. 1)		0.58
ME69121011	CHIRURGIA GENERALE (MOD. 2)		0.31
ME80121011	CHIRURGIA GENERALE (MOD. 2)		0.38
ME46121012	CHIRURGIA GENERALE (MOD. 3)		0.31
ME23121013	CHIRURGIA GENERALE (MOD. 4)		0.31
MEL1005284	CHIRURGIA GENERALE 1 - MODULO A		5.5
MEL1005247	CHIRURGIA GENERALE 1 - MODULO B		0.5
MEL1005288	CHIRURGIA GENERALE 2 - MODULO C		6
MEZZ000223	CHIRURGIA MAXILLO FACCIALE		0.9
ME39101425	CHIRURGIA PLASTICA		0.3
ME68120975	DIAGNOSTICA PER IMMAGINI (MOD. 1)		0.31
ME45120977	DIAGNOSTICA PER IMMAGINI (MOD. 3)		0.31
ME12121014	DIAGNOSTICA PER IMMAGINI (MOD. 6)		0.31
MEL1005145	FARMACOLOGIA		0
MEZZ000027	FARMACOLOGIA		10



ME57103428	GASTROENTEROLOGIA		0.5
ME23120997	GASTROENTEROLOGIA (MOD. 1)		0.31
ME23120998	GASTROENTEROLOGIA (MOD. 2)		0.31
ME23120999	GASTROENTEROLOGIA (MOD. 3)		0.31
ME23121000	GASTROENTEROLOGIA (MOD. 4)		0.31
ME23121001	GASTROENTEROLOGIA (MOD. 5)		0.31
ME23121002	GASTROENTEROLOGIA (MOD. 6)		0.31
ME23121003	GASTROENTEROLOGIA (MOD. 7)		0.31
ME37121039	MALATTIE CUTANEE E VENEREE (MOD. 1)		0.3
ME37121040	MALATTIE CUTANEE E VENEREE (MOD. 2)		0.3
ME37121041	MALATTIE CUTANEE E VENEREE (MOD. 3)		1
ME81121236	MALATTIE DEGLI ORGANI DI SENSO		0
ME30121022	MALATTIE DELL'APPARATO VISIVO (MOD. 1)		0.4
ME37121023	MALATTIE DELL'APPARATO VISIVO (MOD. 2)		0.3
ME37121024	MALATTIE DELL'APPARATO VISIVO (MOD. 3)		0.3
ME37121025	MALATTIE DELL'APPARATO VISIVO (MOD. 4)		0.3
ME37121026	MALATTIE DELL'APPARATO VISIVO (MOD. 5)		0.3
ME37121027	MALATTIE DELL'APPARATO VISIVO (MOD. 6)		0.3
ME37121028	MALATTIE DELL'APPARATO VISIVO (MOD. 7)		0.3
ME37121029	MALATTIE DELL'APPARATO VISIVO (MOD. 8)		0.3
ME15109703	MALATTIE DEL SANGUE		1
ME23121008	MALATTIE INFETTIVE (MOD. 1)		0.31
ME23121009	MALATTIE INFETTIVE (MOD. 2)		0.31
ME19121042	MALATTIE ODONTOSTOMATOLOGICHE		1
MEL1005240	MEDICINA INTERNA		0
ME90105790	MEDICINA INTERNA		2.5
MEL1005632	MEDICINA INTERNA 1		7.5
MEL1005204	MEDICINA INTERNA 2 (MOD. A)		6.5
MEL1001474	MEDICINA INTERNA 2 (MOD. B)		0.5
MEL1001473	MEDICINA INTERNA 2 (MOD. C)		0.5
MEL1001515	NEUROLOGIA		5
ME39109716	ONCOLOGIA MEDICA		1
MEL1004714	ORTOPEDIA E TRAUMATOLOGIA		2
ME37121030	OTORINOLARINGOIATRIA (MOD. 1)		0.3
ME37121031	OTORINOLARINGOIATRIA (MOD. 2)		0.3
ME37121032	OTORINOLARINGOIATRIA (MOD. 3)		0.3
ME37121033	OTORINOLARINGOIATRIA (MOD. 4)		0.3
ME37121034	OTORINOLARINGOIATRIA (MOD. 5)		0.3
ME37121035	OTORINOLARINGOIATRIA (MOD. 6)		0.3
ME60107350	REUMATOLOGIA		1.5
ME23121233	SPECIALITA' MEDICO-CHIRURGICHE 2		0
MEL1002093	SPECIALITA' MEDICO-CHIRURGICHE 4		0
Total:			81.53

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[A1] [A2] [B1] [B2] [C1] [C2]

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**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

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The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.

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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.

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