



Erasmus+

GIESSEN

Higher Education  
Learning Agreement formUNIVERSITÀ  
DEGLI STUDI  
DI PADOVA**LEARNING AGREEMENT FOR STUDIES****The Student**

|               |                             |                |                           |
|---------------|-----------------------------|----------------|---------------------------|
| Last name (s) | MAESTRELLI                  | First name (s) | PIERO                     |
| Date of birth | 1990/01/01                  | Nationality    | ITALIAN                   |
| Sex[M/F]      | F                           | Academic year  | 2015/2016                 |
| Study cycle   | 6 years single cycle degree | Subject area   | Medicine                  |
| Phone         | 049 8210111                 | E-mail         | piero.maestrelli@unipd.it |

**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                | JUSTUS-LIEBIG-UNIVERSITÄT GIESSEN | Faculty                     |         |
| Erasmus code        | D GIESSEN01                       | Department                  |         |
| Address             | GIESSEN                           | Country                     | Germany |
| Contact person name |                                   | Contact person e-mail/phone | /       |

## I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from 01/10/2015 till 28/03/2016

Table A: Study programme abroad.

| Component code             | Component title                               | Semester | ECTS credits |
|----------------------------|---|----------|--------------|
| D-LSUD-5-MedIntMedPrac     | Block practical training in Internal Medicine |          | 4            |
| D-LSUD-10-Med-CIPatholConf | Clinical Pathology Conference                 |          | 6            |
| D-LSUD-8-Med-Derm          | Dermatology                                   |          | 2            |
| D-LSUD-8-Med-ENT           | Ear, Nose + Throat                            |          | 2            |
| D-LSUD-5-Med-IntMedI       | Internal Medicine                             |          | 5            |
| D-LSUD-8-Med-Neurol        | Neurology                                     |          | 2            |
| D-LSUD-8-Med-Ophthal       | Ophthalmology                                 |          | 2            |
| D-LSUD-9-Med-DermPrac      | Practical Training in Dermatology             |          | 3            |
| D-LSUD-9-Med-NeurolPrac    | Practical training in Neurology               |          | 3            |
| D-LSUD-9-Med-PsychiatPrac  | Practical training in Psychiatry              |          | 3            |
| D-LSUD-8-Med-Psychiat      | Psychiatry                                    |          | 2            |
| Total:                     |   |          | 34           |

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            |
| MEP3058302     | AUDIOLOGIA (MOD. MOS)                      |          | 1            |
| MEP3058299     | CHIRURGIA MAXILLO-FACCIALE (MOD. MOS)      |          | 1            |
| MEP3058304     | MALATTIE CUTANEE E VENEREE (MOD. MOS)      |          | 2            |
| MEP3058300     | MALATTIE DELL'APPARATO VISIVO (MOD. MOS)   |          | 2            |
| MEP3058303     | MALATTIE ODONTOSTOMATOLOGICHE (MOD. MOS)   |          | 1            |
| MEP3055102     | MEDICINA INTERNA 1 (PERCORSO TRADIZIONALE) |          | 9            |
| MEP3054127     | NEUROLOGIA                                 |          | 5            |
| MEP3058301     | OTORINOLARINGOIATRIA (MOD. MOS)            |          | 2            |
| MEP3054125     | PSICHIATRIA (PERCORSO TRADIZIONALE)        |          | 5            |
| Total:         |  |          | 36           |

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:

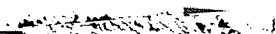
## III. COMMITMENT OF THE THREE PARTIES

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: 18/10/2015

**The sending institution**

MAESTRELLI PIERO

(1)

Date: 24/10/2015

**The receiving institution**

\_\_\_\_\_

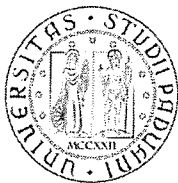
Date:

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



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GIESSEN

Higher Education  
Learning Agreement formUNIVERSITÀ  
DEGLI STUDI  
DI PADOVA

## LEARNING AGREEMENT FOR STUDIES

## PROMEMORIA - NON VALIDO PER LA PRESENTAZIONE

## The Student

|               |                             |                |                           |
|---------------|-----------------------------|----------------|---------------------------|
| Last name (s) | MAESTRELLI                  | First name (s) | PIERO                     |
| Date of birth | 1990/01/01                  | Nationality    | ITALIAN                   |
| Sex[M/F]      | F                           | Academic year  | 2015/2016                 |
| Study cycle   | 6 years single cycle degree | Subject area   | Medicine                  |
| Phone         | 049 8210111                 | E-mail         | maestrelli.piero@unipd.it |

## 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                | JUSTUS-LIEBIG-UNIVERSITÄT GIESSEN | Faculty                     |         |
| Erasmus code        | D GIESSEN01                       | Department                  |         |
| Address             | GIESSEN                           | Country                     | Germany |
| Contact person name |                                   | Contact person e-mail/phone | /       |

## I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from 01/10/2015 till 28/03/2016

Table A: Study programme abroad.

| Component code             | Component title  | Semester | ECTS credits |
|----------------------------|--|----------|--------------|
| D-LSUD-5-MedIntMedPrac     | Block practical training in Internal Medicine (General Practitioner) |          | 4            |
| D-LSUD-10-Med-CIPatholConf | Clinical Pathology Conference  |          | 6            |
| D-LSUD-8-Med-Derm          | Dermatology  |          | 2            |
| D-LSUD-8-Med-ENT           | Ear, Nose + Throat   |          | 2            |
| D-LSUD-5-Med-IntMedI       | Internal Medicine  |          | 5            |
| D-LSUD-8-Med-Neurol        | Neurology  |          | 2            |
| D-LSUD-8-Med-Ophthal       | Ophthalmology  |          | 2            |
| D-LSUD-9-Med-DermPrac      | Practical Training in Dermatology                                    |          | 3            |
| D-LSUD-9-Med-NeurolPrac    | Practical Training in Neurology                                      |          | 3            |
| D-LSUD-9-Med-PschiatPrac   | Practical Training in Psychiatry                                     |          | 3            |
| D-LSUD-8-Med-Pschiat       | Psychiatry   |          | 2            |
| Total:                     |  |          | 34           |

Web link to the course catalogue at the receiving institution at the receiving institution describing the learning outcomes:

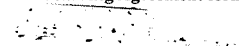
[Web link(s) to be provided.]

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            |
| 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            |
| MEP3054873     | MALATTIE ODONTOSTOMATOLOGICHE (MOD. MOS)             |          | 1            |
| MEP3055244     | MEDICINA INTERNA 1 (PERCORSO BIOMEDICO E UMANISTICO) |          | 8            |
| MEP3054127     | NEUROLOGIA   |          | 5            |
| MEP3054871     | OTORINOLARINGOIATRIA (MOD. MOS)                      |          | 2            |
| MEP3056291     | PSICHIATRIA (PERCORSO BIOMEDICO E UMANISTICO)        |          | 4            |
| Total:         |  |          | 34           |

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



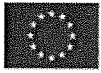
**Language competence of the student**

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: \_\_\_\_\_ Function: \_\_\_\_\_  
Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 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: 25/11/2015

### The sending institution

(1) \_\_\_\_\_ Date: \_\_\_\_\_

### 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)*