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PRAHA

action

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

The Receiving Institution

Name	UNIVERZITA KARLOVA V PRAZE	Faculty	
Erasmus code	CZ PRAHA07	Department	
Address	PRAHA	Country	CECA REPUBBLICA
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 20/09/2015 till 13/06/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
B80124	Anaesthesiology and Emergency Medicine		3
	Cardiovascular Surgery		2
B80080	Dermatovenerology		3
B80126	Forensic Medicine		2
B80307	Haematology		3
B81155	Hygiene and Epidemiology		3
B80033	Medical Immunology		2
B80762	Neurology		6
B80118	Neurosurgery		3
B80078	Nuclear Medicine		2
B80133	Occupational Diseases and Toxicology		2
B80120	Oncology		3
B80122	Ophthalmology		3
B80123	ORL/ Otorhinolaryngology		3
B80384	Patholgy 2		8
	Plastic Surgery		2
B80098	Radiology		2
B80579	Rheumatology		2
B80082	Stomatology		2
B81055	Surgery - Clerkship		9
Total:			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
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
MEP4062563	IGIENE GENERALE E APPLICATA 1 (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 1 (MOD. SMC 4)		2
MEP3055356	MALATTIE DEL SANGUE 2 (MOD. SMC 4)		1
MEP3054873	MALATTIE ODONTOSTOMATOLOGICHE (MOD. MOS)		1



MEP4062803	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
MEP4062802	MEDICINA LEGALE (MOD. SANITA' PUBBLICA)		4
MEP3054127	NEUROLOGIA		5
MEP3055326	ONCOLOGIA MEDICA (MOD. SMC 4)		2
MEP3054871	OTORINOLARINGOIATRIA (MOD. MOS)		2
MEP3055324	REUMATOLOGIA 1 (MOD. SMC 4)		2
MEP3055351	REUMATOLOGIA 2 (MOD. SMC 4)		1
MEP3055350	SPECIALITA' MEDICO-CHIRURGICHE 4 (PERCORSO TRADIZIONALE) (C.I.)		0
MEP3054234	TIROCINIO PROFESSIONALIZZANTE DI CHIRURGIA GENERALE (QUINTO ANNO)		6
Total:			59

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.

	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



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PRAHAUNIVERSITÀ
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	UNIVERZITA KARLOVA V PRAZE	Faculty	
Erasmus code	CZ PRAHA07	Department	
Address	PRAHA	Country	CECA REPUBBLICA
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 25/09/2015 till 18/06/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
B80124	Anaesthesiology and emergency medicine		3
B80033	Clinical Immunology		2
B80120	Clinical Oncology		3
B80080	Dermatovenerology		3
	Internal Medicine II		1
B80579	Internal Medicine - Rheumatology		2
B80762	Neurology		6
B80078	Nuclear Medicine		2
B80122	Ophthalmology		3
B80123	Otorhinolaryngology		3
B80384	Pathology 2		8
B80098	Radiology		2
B80082	Stomatology		2
B82105	Surgery		2
Total:			42

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
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
MEP3055352	MALATTIE DEL SANGUE 1 (MOD. SMC 4)		2
MEP3055356	MALATTIE DEL SANGUE 2 (MOD. SMC 4)		1
MEP3054873	MALATTIE ODONTOSTOMATOLOGICHE (MOD. MOS)		1
MEP3055354	MEDICINA INTERNA (MOD. SMC 4)		2
MEP3054127	NEUROLOGIA		5
MEP3055355	ONCOLOGIA MEDICA (MOD. SMC 4)		2
MEP3054871	OTORINOLARINGOIATRIA (MOD. MOS)		2
MEP3055353	REUMATOLOGIA 1 (MOD. SMC 4)		2
MEP3055351	REUMATOLOGIA 2 (MOD. SMC 4)		1
MEP3055350	SPECIALITA' MEDICO-CHIRURGICHE 4 (PERCORSO TRADIZIONALE) (C.I.)		0



Total:	41
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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.

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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DI PADOVA**LEARNING AGREEMENT FOR STUDIES****The Student**

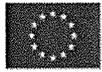
Last name (s)		First name (s)	
Date of birth		Nationality	ITALIAN
Sex[M/F]	F	Academic year	2015/2016
Study cycle	6 years single cycle degree	Subject area	Medicine
Phone		E-mail	

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	UNIVERZITA KARLOVA V PRAZE	Faculty	
Erasmus code	CZ PRAHA07	Department	
Address	PRAHA	Country	CECA REPUBBLICA
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 20/09/2015 till 13/06/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
B80124	Anaesthesiology and Emergency Medicine		3
B80080	Dermatovenerology		3
B80126	Forensic Medicine		2
B80304	Gastroenterology		5
B80307	Haematology		3
B81155	Hygiene and Epidemiology		3
B80033	Medical Immunology		2
B80762	Neurology		6
B80118	Neurosurgery		3
B80078	Nuclear Medicine		2
B80113	Occupational Diseases and Toxicology		2
B80120	Oncology		3
B80122	Ophthalmology		3
B80123	ORL/Otorhinolaryngology		3
B80384	Pathology 2		8
	Plastic Surgery		2
B80098	Radiology		2
B80579	Rheumatology		2
B80082	Stomatology		2
B81055	Surgery Clerkship		8
Total:			67

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
MEP4062805	BIOETICA (MOD. SANITA' PUBBLICA)		1
MEP3058299	CHIRURGIA MAXILLO-FACCIALE (MOD. MOS)		1
MEN1034498	DIAGNOSTICA PER IMMAGINI		4
MEP3054130	EMERGENZE MEDICO-CHIRURGICHE		5
MEP4062563	IGIENE GENERALE E APPLICATA 1 (MOD. SANITA' PUBBLICA)		4
MEP3058304	MALATTIE CUTANEE E VENEREE (MOD. MOS)		2
MEP3058298	MALATTIE DEGLI ORGANI DI SENSO (C.I.)		0
MEP3058300	MALATTIE DELL'APPARATO VISIVO (MOD. MOS)		2
MEP3055327	MALATTIE DEL SANGUE 1 (MOD. SMC 4)		2
MEP3058303	MALATTIE ODONTOSTOMATOLOGICHE		1



	(MOD. MOS)		
MEP4062803	MEDICINA DEL LAVORO (MOD. SANITA' PUBBLICA)		4
MEP4062801	MEDICINA E SANITA' PUBBLICA E DEGLI AMBIENTI DI LAVORO E SCIENZE MEDICO LEGALI (C.I.) (PERCORSO UMANISTICO)		0
MEP3055325	MEDICINA INTERNA (MOD. SMC 4)		2
MEP4069159	MEDICINA LEGALE (MOD. SANITA' PUBBLICA)		4
MEP3054127	NEUROLOGIA		5
MEP3055326	ONCOLOGIA MEDICA (MOD. SMC 4)		2
MEP3058301	OTORINOLARINGOIATRIA (MOD. MOS)		2
MEP3055324	REUMATOLOGIA 1 (MOD. SMC 4)		2
MEP3055321	SPECIALITA' MEDICO-CHIRURGICHE 4 (PERCORSO BIOMEDICO E UMANISTICO) (C.I.)		0
MEP3054234	TIROCINIO PROFESSIONALIZZANTE DI CHIRURGIA GENERALE (QUINTO ANNO)		6
MEP3059069	ANATOMIA PATOLOGICA (MOD. SMC 3)		1
MEP3059075	CHIRURGIA GENERALE (MOD. SMC 3)		1
MEP3059073	GASTROENTEROLOGIA (MOD. SMC 3)		3
MEP3059074	MALATTIE INFETTIVE (MOD. SMC 3)		1
MEP3059067	SPECIALITA' MEDICO-CHIRURGICHE 3 (PERCORSO BIOMEDICO E UMANISTICO) (C.I.)		0
Total:			64

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.

(1)	Date: 22/10/2015
-----	------------------

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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UNIVERSITÀ
DEGLI STUDI
DI PADOVA**LEARNING AGREEMENT FOR STUDIES****The Student**

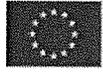
Last name (s)		First name (s)	
Date of birth		Nationality	ITALIAN
Sex[M/F]	M	Academic year	2015/2016
Study cycle	6 years single cycle degree	Subject area	Medicine
Phone		E-mail	

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	UNIVERZITA KARLOVA V PRAZE	Faculty	
Erasmus code	CZ PRAHA07	Department	
Address	PRAHA	Country	CECA REPUBBLICA
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 25/09/2015 till 18/06/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
	Anaesthesiology and intensive medicine		3
	Clinical immunology (first faculty)		2
	Dermatovenerology		3
	Imaging methods and nuclear medicine		4
	Internal medicine (hematology and rheumatology)		1
	Neurology		5
	Oncology		3
	Ophthalmology (first faculty)		3
	OS - Important states in Internal Medicine		3
	Otorhinolaryngology		3
	Paediatrics 1		3
	Paediatrics 2		3
	Pathology 2 (first faculty)		8
	Stomatology		3
	Surgical practical training		6
		Total:	53

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
MEN1034498	DIAGNOSTICA PER IMMAGINI		4
MEP3054130	EMERGENZE MEDICO-CHIRURGICHE		5
MEP3058304	MALATTIE CUTANEE E VENEREE (MOD. MOS)		2
MEP3058298	MALATTIE DEGLI ORGANI DI SENSO (C.I.)		0
MEP3058300	MALATTIE DELL'APPARATO VISIVO (MOD. MOS)		2
MEP3055327	MALATTIE DEL SANGUE 1 (MOD. SMC 4)		2
MEP3058303	MALATTIE ODONTOSTOMATOLOGICHE (MOD. MOS)		1
MEP3055325	MEDICINA INTERNA (MOD. SMC 4)		2
MEP3054127	NEUROLOGIA		5
MEP3055326	ONCOLOGIA MEDICA (MOD. SMC 4)		2
MEP3058301	OTORINOLARINGOIATRIA (MOD. MOS)		2
MEP3056296	PEDIATRIA		6
MEP3055324	REUMATOLOGIA 1 (MOD. SMC 4)		2



MEP3055321	SPECIALITA' MEDICO-CHIRURGICHE 4 (PERCORSO BIOMEDICO E UMANISTICO) (C.I.)		0
MEP3054234	TIROCINIO PROFESSIONALIZZANTE DI CHIRURGIA GENERALE (QUINTO ANNO)		6
Total:			51

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: 26/10/2015
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

CHANGES TO THE ORIGINAL LEARNING AGREEMENT
I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

Table C: Exceptional changes to study programme abroad.

Component code	Component title	Deleted Component	Added Component	ECTS credits
	OS - Important states in Internal Medicine		X	3
				Total: 3

III. COMMITMENT OF THE THREE PARTIES

The student, the sending institution and the receiving institution confirm that the proposed amendments to the Learning Agreement are approved.

T _____ (1)	Date: 26/10/2015
------------------------------	------------------

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+

PRAHA

Higher Education

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

The Receiving Institution

Name	UNIVERZITA KARLOVA V PRAZE	Faculty	
Erasmus code	CZ PRAHA07	Department	
Address	PRAHA	Country	CECA REPUBBLICA
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 21/09/2015 till 18/03/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
B80124	Anaesthesiology and Emergency Medicine (1.LF)		3
	Dermatovenerology		3
	Forensic Medicine		2
	Haematology (Internal Medicine 2)		1
B81155	Hygiene and Epidemiology (1.LF)		3
	Imaging methods and nuclear medicine		4
DVA1014	Important States in Internal Medicine		3
B80033	Medical Immunology (1.LF)		2
	Neurology		5
B80113	Occupational Diseases and Toxicology (1.LF)		2
	Oncology		3
B80122	Ophthalmology (1.LF)		3
	Otorhinolaryngology		3
B80384	Pathology 2 (1.LF)		8
	Pediatrics 2		3
DVA1025	Pediatrics Emergencies		3
	Rheumatology (Internal Medicine 2)		1
	Stomatology		3
	Surgery Clerkship		6
Total:			61

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
MEP4062805	BIOETICA (MOD. SANITA' PUBBLICA)		1
MEP3058299	CHIRURGIA MAXILLO-FACCIALE (MOD. MOS)		1
MEN1034498	DIAGNOSTICA PER IMMAGINI		4
MEP3054130	EMERGENZE MEDICO-CHIRURGICHE		5
MEP4062563	IGIENE GENERALE E APPLICATA 1 (MOD. SANITA' PUBBLICA)		4
MEP3058304	MALATTIE CUTANEE E VENEREE (MOD. MOS)		2
MEP3058298	MALATTIE DEGLI ORGANI DI SENSO (C.I.)		0
MEP3058300	MALATTIE DELL'APPARATO VISIVO (MOD. MOS)		2
MEP3055327	MALATTIE DEL SANGUE 1 (MOD. SMC 4)		2
MEP3055356	MALATTIE DEL SANGUE 2 (MOD. SMC 4)		1



MEP3058303	MALATTIE ODONTOSTOMATOLOGICHE (MOD. MOS)		1
MEP4062803	MEDICINA DEL LAVORO (MOD. SANITA' PUBBLICA)		4
MEP4062801	MEDICINA E SANITA' PUBBLICA E DEGLI AMBIENTI DI LAVORO E SCIENZE MEDICO LEGALI (C.I.) (PERCORSO UMANISTICO)		0
MEP3055325	MEDICINA INTERNA (MOD. SMC 4)		2
MEP4062802	MEDICINA LEGALE (MOD. SANITA' PUBBLICA)		4
MEP3054127	NEUROLOGIA		5
MEP3055326	ONCOLOGIA MEDICA (MOD. SMC 4)		2
MEP3058301	OTORINOLARINGOIATRIA (MOD. MOS)		2
MEP3056296	PEDIATRIA		6
MEP3055324	REUMATOLOGIA 1 (MOD. SMC 4)		2
MEP3055351	REUMATOLOGIA 2 (MOD. SMC 4)		1
MEP3055321	SPECIALITA' MEDICO-CHIRURGICHE 4 (PERCORSO BIOMEDICO E UMANISTICO) (C.I.)		0
MEP3054234	TIROCINIO PROFESSIONALIZZANTE DI CHIRURGIA GENERALE (QUINTO ANNO)		6
Total:			66

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.

Date: 24/10/2015

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

CHANGES TO THE ORIGINAL LEARNING AGREEMENT
I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

Table C: Exceptional changes to study programme abroad.

Component code	Component title	Deleted Component	Added Component	ECTS credits
	Molecular pathogenesis and therapy of paediatric endocrine disorders	X		3
DVA1014	Important States in Internal Medicine		X	3
DVA1025	Pediatrics Emergencies		X	3
				Total: 6

III. COMMITMENT OF THE THREE PARTIES

The student, the sending institution and the receiving institution confirm that the proposed amendments to the Learning Agreement are approved.

The student

(1)

Date: 24/10/2015

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