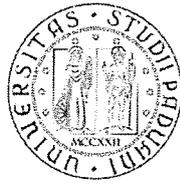




Erasmus+

**KRAKOW**

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	UNIWERSYTET JAGIELLONSKI	Faculty	
Erasmus code	PL KRAKOW01	Department	
Address	KRAKOW	Country	REPUBBLICA DI POLONIA
Contact person name		Contact person e-mail/phone	/

## I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from 28/09/2015 till 21/07/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
	Clerkship in General Surgery		6
	Clerkship in Internal Medicine		12
	Infectious Diseases		3
	Internal Medicine I (introduction) and Internal Medicine II		13
	Internal Medicine II		6
	Introduction to Surgery		6
	Nephrology		0.7
	Pathomorphology		6.2
	Pharmacology		13
<b>Total:</b>			<b>65.9</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
MEO2046832	ANATOMIA PATOLOGICA (MOD. SMC 1)		1
MEO2046980	ANATOMIA PATOLOGICA (MOD. SMC 2)		1
MEO2048728	ANATOMIA PATOLOGICA (MOD. SMC 3)		1
MEO2046827	CHIRURGIA CARDIACA (MOD. SMC 1)		1
MEO2046978	CHIRURGIA GENERALE (MOD. SMC 2)		1
MEO2048727	CHIRURGIA GENERALE (MOD. SMC 3)		1
MEO2046831	CHIRURGIA TORACICA (MOD. SMC 1)		1
MEO2046830	CHIRURGIA VASCOLARE (MOD. SMC 1)		1
MEO2046976	ENDOCRINOLOGIA (MOD. SMC 2)		4
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
MEO2046829	MALATTIE DELL'APPARATO CARDIOVASCOLARE (MOD. SMC 1)		2
MEO2046828	MALATTIE DELL'APPARATO RESPIRATORIO (MOD. SMC 1)		2
MEO2048726	MALATTIE INFETTIVE (MOD. SMC 3)		1
MEO2046977	NEFROLOGIA (MOD. SMC 2)		1
MEO2048724	PATOLOGIA DELL'APPARATO DIGERENTE E TERRITORIO (MOD. SMC 3)		1
MEO2046826	SPECIALITA' MEDICO-CHIRURGICHE I (C.I.)		0



MEO2046975	SPECIALITA' MEDICO-CHIRURGICHE 2 (C.I.)		0
MEO2048723	SPECIALITA' MEDICO-CHIRURGICHE 3 (PERCORSO TRADIZIONALE) (C.I.)		0
ME01120836	TIROCINIO PROFESSIONALIZZANTE DI CHIRURGIA GENERALE (QUARTO ANNO)		6
MEO2047620	TIROCINIO PROFESSIONALIZZANTE DI MEDICINA INTERNA (QUARTO ANNO)		12
MEO2046979	UROLOGIA (MOD. SMC 2)		1
Total:			60

**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: 21/10/2015

### 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*