



Erasmus+

OULUUNIVERSITÀ
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 | OULUN YLIOPISTO | Faculty | |
| Erasmus code | SF OULU01 | Department | |
| Address | OULU | Country | Finland |
| Contact person name | | Contact person e-mail/phone | / |

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 23/08/2015 till 14/06/2016

Table A: Study programme abroad.

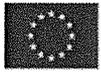
| Component code | Component title | Semester | ECTS credits |
|----------------|---|----------|--------------|
| 060709A-01 | CARDIOLOGY | | 3 |
| 060704A | CARDIOTHORACIC AND VASCULAR SURGERY | | 2 |
| 060702A | DERMATOLOGY | | 5 |
| 060709A-02 | ENDOCRINOLOGY | | 3 |
| 060722A | INTERPROFESSIONAL HEALTH AND WELLBEING PROMOTION AND PREVENTION | | 5 |
| 060709A-03 | NEPHROLOGY | | 3 |
| 060706A | NEUROSURGERY | | 4 |
| 060720A | OBESITY MINISOMPOSIUM | | 1.2 |
| 060710A | ONCOLOGY AND RADIOTHERAPY | | 3.5 |
| 060708A | OPHTHALMOLOGY | | 4 |
| 060704A | ORTHOPAEDICS | | 3 |
| 060707A | RADIOLOGY | | 6 |
| 060703A | RESPIRATORY MEDICINE | | 3 |
| 060709A-04 | RHEUMATOLOGY | | 1 |
| Total: | | | 46.7 |

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 |
|----------------|---|----------|--------------|
| MEN1034498 | DIAGNOSTICA PER IMMAGINI | | 4 |
| MEP4069161 | IGIENE GENERALE E APPLICATA 1 (MOD. SANITA' PUBBLICA) | | 4 |
| MEP3058304 | MALATTIE CUTANEE E VENEREE (MOD. MOS) | | 2 |
| MEP3058300 | MALATTIE DELL'APPARATO VISIVO (MOD. MOS) | | 2 |
| MEP3055327 | MALATTIE DEL SANGUE 1 (MOD. SMC 4) | | 2 |
| MEP3055244 | MEDICINA INTERNA 1 (PERCORSO BIOMEDICO E UMANISTICO) | | 8 |
| MEP3054127 | NEUROLOGIA | | 5 |
| MEP3055326 | ONCOLOGIA MEDICA (MOD. SMC 4) | | 2 |
| MEP4063497 | ORTOPEDIA, TRAUMATOLOGIA E RIABILITAZIONE (PERCORSO BIOMEDICO E UMANISTICO) | | 4 |
| MEP3055324 | REUMATOLOGIA 1 (MOD. SMC 4) | | 2 |
| MEO2046832 | ANATOMIA PATOLOGICA (MOD. SMC 1) | | 1 |
| MEO2046827 | CHIRURGIA CARDIACA (MOD. SMC 1) | | 1 |
| MEO2046831 | CHIRURGIA TORACICA (MOD. SMC 1) | | 1 |



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| MEO2046830 | CHIRURGIA VASCOLARE (MOD. SMC 1) | | 1 |
| MEO2046829 | MALATTIE DELL'APPARATO CARDIOVASCOLARE (MOD. SMC 1) | | 2 |
| MEO2046828 | MALATTIE DELL'APPARATO RESPIRATORIO (MOD. SMC 1) | | 2 |
| MEO2046826 | SPECIALITA' MEDICO-CHIRURGICHE 1 (C.I.) | | 0 |
| Total: | | | 43 |

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.

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|--------------------|------------------|
| The student | |
| (1) | Date: 15/10/2015 |

| | |
|--------------------------------|------------------|
| 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