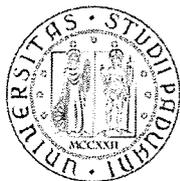




Erasmus+

ANTWERPENHigher Education
Learning 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	UNIVERSITEIT ANTWERPEN	Faculty	
Erasmus code	B ANTWERP01	Department	
Address	ANTWERPEN	Country	Belgium
Contact person name		Contact person e-mail/phone	/

I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from 19/09/2015 till 12/07/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
2015GENGE2	ANESTHESIOLOGY/PAIN		4
2007GENGE1	BLOOD 2		3
2020GENGE2	CHILD AND DEVELOPMENT 2		5
2021GENGE2	ELECTIVE COURSES		6
2025GENGE2	ENT AND DENTAL SURGERY		3
2011GENGE3	INTERNSHIP IN JULY		4
2009GENGE1	LOCOMOTOR SYSTEM 2		6
2013GENGE2	NERVOUS SYSTEM		4
1021GENGE1	ONCOLOGY		3
2014GENGE2	SENSES 2		6
Total:			44

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
MEP3054872	AUDIOLOGIA (MOD. MOS)		1
MEP3054883	CHIRURGIA PLASTICA (MOD. MOS)		1
MEP3054130	EMERGENZE MEDICO-CHIRURGICHE		5
MEP3054874	MALATTIE CUTANEE E VENEREE (MOD. MOS)		2
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
MEP3055325	MEDICINA INTERNA (MOD. SMC 4)		2
MEP3054127	NEUROLOGIA		5
MEP3055326	ONCOLOGIA MEDICA (MOD. SMC 4)		2
MEP4063497	ORTOPEDIA, TRAUMATOLOGIA E RIABILITAZIONE (PERCORSO BIOMEDICO E UMANISTICO)		4
MEP3054871	OTORINOLARINGOIATRIA (MOD. MOS)		2
MEP3056296	PEDIATRIA		6
MEP3055324	REUMATOLOGIA 1 (MOD. SMC 4)		2
MEP3055351	REUMATOLOGIA 2 (MOD. SMC 4)		1
MEP3054226	TIROCINIO PROFESSIONALIZZANTE DI MEDICINA INTERNA (QUINTO ANNO)		8
Total:			47

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:

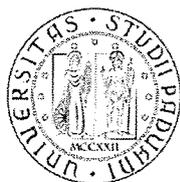
(1) Confirmed with electronic signature under SAML 2.0 protocol. To verify the validity of the signature please refer to: erasmus@unipd.it



Erasmus+

ANTWERPEN

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]	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	UNIVERSITEIT ANTWERPEN	Faculty	
Erasmus code	B ANTWERP01	Department	
Address	ANTWERPEN	Country	Belgium
Contact person name		Contact person e-mail/phone	/

I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from 20/09/2015 till 13/07/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
2015GENGE2	ANAESTHESIOLOGY/PAIN		3
2007GENGE1	BLOOD 2		3
2020GENGE2	CHILD AND DEVELOPMENT 2		5
2018GENGE2	DIGESTIVE ORGANS 2		6
	DUTCH COURSE		4
2001GENUIT	ELECTIVE COURSES 1 (Topic Completion to pediatrics)		2
2001GENUIT	ELECTIVE COURSES 1 (Topic Tropical medicine)		2
1018GENGE3	ENT AND DENTAL SURGERY		3
2011GENGE3	INTERNSHIP JULY		4
1022GENGE3	LOCOMOTOR SYSTEM 2		6
2013GENGE2	NERVOUS SYSTEM 2		4
1021GENGE2	ONCOLOGY		3
2014GENGE2	SENSES 2		6
Total:			51

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
MEP3054872	AUDIOLOGIA (MOD. MOS)		1
MEP3054883	CHIRURGIA PLASTICA (MOD. MOS)		1
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
MEP3054127	NEUROLOGIA		5
MEP3055355	ONCOLOGIA MEDICA (MOD. SMC 4)		2
MEP4063497	ORTOPEDIA, TRAUMATOLOGIA E RIABILITAZIONE (PERCORSO BIOMEDICO E UMANISTICO)		4
MEP3054871	OTORINOLARINGOIATRIA (MOD. MOS)		2
MEP3056296	PEDIATRIA		6
MEP3054234	TIROCINIO PROFESSIONALIZZANTE DI CHIRURGIA GENERALE (QUINTO ANNO)		6



MEO2048728	ANATOMIA PATOLOGICA (MOD. SMC 3)		1
MEO2048727	CHIRURGIA GENERALE (MOD. SMC 3)		1
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
Free electives:			4
Total:			52

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: 20/10/2015

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