



Erasmus+

**LEUVEN**Higher Education  
Erasmus+ agreement formUNIVERSITÀ  
DEGLI STUDI  
DI PADOVA**LEARNING AGREEMENT FOR STUDIES****PROMEMORIA - NON VALIDO PER LA PRESENTAZIONE****The Student**

Last name (s)		First name (s)	
Date of birth		Nationality	ITALIAN
Sex[M/F]	M	Academic year	2015/2016
Study cycle	Second cycle degree	Subject area	Sports
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	CARRARO ATTILIO	Contact person e-mail/phone	attilio.carraro@unipd.it /

**The Receiving Institution**

Name	KATHOLIEKE UNIVERSITEIT LEUVEN	Faculty	
Erasmus code	B LEUVEN01	Department	
Address	LEUVEN	Country	Belgium
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 01/02/2016 till 30/07/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
B-KUL-L00K9A	Advanced Adapted Physical Education		6
B-KUL-L02K4A	Motor Control - Learning and Psychology Applied to Adapted Physical Activity		8
	practical training		8
	thesis		15
Total:			37

**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
MEO2044746	ATTIVITA' MOTORIA E SPORTIVA ADATTATA E PER L'ETA' DELLO SVILUPPO		7
MEO2043549	PEDAGOGIA DELL'INCLUSIONE E DEL CICLO DI VITA		7
ME20106948	PROVA FINALE		15
MEL1003413	TIROCCINIO (PRIMO ANNO)		8
Total:			37

**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

<b>Responsible person in the sending institution</b>	
Name:	Function:
Phone number:	E-mail:
<b>Responsible person in the receiving institution</b>	
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.

<b>The student</b>	
(1)	Date: 02/11/2015
<b>The sending institution</b>	
(1)	Date:
<b>The receiving institution</b>	
_____	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)



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

Last name (s)		First name (s)	
Date of birth		Nationality	
Sex[M/F]	F	Academic year	2015/2016
Study cycle	Second cycle degree	Subject area	Sports
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	CARRARO ATTILIO	Contact person e-mail/phone	attilio.carraro@unipd.it /

**The Receiving Institution**

Name	KATHOLIEKE UNIVERSITEIT LEUVEN	Faculty	
Erasmus code	B LEUVEN01	Department	
Address	LEUVEN	Country	Belgium
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 16/09/2015 till 13/03/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
023	DEVELOPMENTAL KINESIOLOGY		3
022	SOCIAL KINESIOLOGY		3
L00K34	Adapted physical Activity: International Perspectives		3
L00K0A	Disability Models and Classification		4
L03K8A	Holistic Approach to Adapted Physical Activity, Part 1		8
<b>Total:</b>			<b>21</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
MEO2043411	ATTIVITA' MOTORIA NELLA PREVENZIONE DELLE PATOLOGIE MUSCOLO-SCHELETRICHE LAVORATIVE E PER LE PATOLOGIE NEUROPSICHIATRICHE E LORO COMPLICANZE		8
MEO2043419	PROGRAMMI PER L'ATTIVITA' MOTORIA ADATTATA NELL'ANZIANO, NEI LAVORATORI E NELLE PATOLOGIE CRONICHE		7
MEP3052692	TECNICHE, VALUTAZIONE E PROGRAMMAZIONE DELLE ATTIVITA' MOTORIE		6
<b>Total:</b>			<b>21</b>

**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://europa.europa.eu/en/resources/european-language-levels-cefr"

## II. RESPONSIBLE PERSONS

<b>Responsible person in the sending institution</b>	
Name: CARRARO ATTILIO	Function: Academic person Responsible for mobility
Phone number:	E-mail: attilio.carraro@unipd.it

<b>Responsible person in the receiving institution</b>	
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.

<b>The student</b>	
_____	
(1)	Date: 28/10/2015

<b>The sending institution</b>	
CARRARO ATTILIO	
(1)	Date: 18/11/2015

<b>The receiving institution</b>	
_____	Date:

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