



Erasmus+

VALLADOLID

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	TREVISAN CARLO PIETRO	Contact person e-mail/phone	carlopietro.trevisan@unipd.it /

The Receiving Institution

Name	UNIVERSIDAD DE VALLADOLID	Faculty	
Erasmus code	E VALLADO01	Department	
Address	VALLADOLID	Country	Spain
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 10/09/2015 till 03/07/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
46283	anatomia patologica		7.5
46295	dermatologia		5
46288	enfermedades infecciosas		4
46289	hematologia		3
46315	oncologia y medicina paliativa		3
46302	otorrinolaringologia		5
46292	patologia medico-quirurgica de aparato digestivo		7
46291	patologia medico-quirurgica de aparato urinario		5
46297	patologia medico-quirurgica del sistema endocrino y metabolismo		4
46298	patologia medico-quirurgica del sistema nervioso		5
46293	practicass medico-quirurgicas II		6
46274	radiologia y medicina fisica general		4.5
46316	urgencias y emergencias en medicina		5
Total:			64

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
MEN1034498	DIAGNOSTICA PER IMMAGINI		4
MEP3054130	EMERGENZE MEDICO-CHIRURGICHE		5
MEP3054025	MALATTIE DEGLI ORGANI DI SENSO (C.I.)		0
MEP3054127	NEUROLOGIA		5
MEP3055350	SPECIALITA' MEDICO-CHIRURGICHE 4 (PERCORSO TRADIZIONALE) (C.I.)		0
MEP3054226	TIROCINIO PROFESSIONALIZZANTE DI MEDICINA INTERNA (QUINTO ANNO)		8
MEO2046980	ANATOMIA PATOLOGICA (MOD. SMC 2)		1
MEO2048728	ANATOMIA PATOLOGICA (MOD. SMC 3)		1
MEO2046978	CHIRURGIA GENERALE (MOD. SMC 2)		1
MEO2048727	CHIRURGIA GENERALE (MOD. SMC 3)		1
MEO2046976	ENDOCRINOLOGIA (MOD. SMC 2)		4
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
MEO2046977	NEFROLOGIA (MOD. SMC 2)		1
MEO2048724	PATOLOGIA DELL'APPARATO DIGERENTE E TERRITORIO (MOD. SMC 3)		1



MEO2046975	SPECIALITA' MEDICO-CHIRURGICHE 2 (C.I.)		0
MEO2048723	SPECIALITA' MEDICO-CHIRURGICHE 3 (PERCORSO TRADIZIONALE) (C.I.)		0
MEO2046979	UROLOGIA (MOD. SMC 2)		1
Total:			46

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

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

Last name (s)		First name (s)	
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I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from 10/09/2015 till 03/07/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
	Anatomia Patològica		7.5
	Hematologia		3
	Obstetricia y Ginecologia		9
	Oncologia y Medicina Paliativa		3
	Patologia mèdico-quirùrgica del aparato locomotor		6
	Pediatria		11
	Pràcticas mèdico-quirùrgica III		6
Total:			45.5

Web link to the course catalogue at the receiving institution at the receiving institution describing the learning outcomes:

[Web link(s) to be provided.]

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Component code	Component title	Semester	ECTS credits
MEP4067937	ORTOPEDIA, TRAUMATOLOGIA E RIABILITAZIONE (PERCORSO TRADIZIONALE)		6
MEN1038478	OSTETRICIA E GINECOLOGIA		4
MEP3056296	PEDIATRIA		6
MEP3056299	TIROCINIO PROFESSIONALIZZANTE DI MEDICINA INTERNA (SESTO ANNO)		9
ME01120842	TIROCINIO PROFESSIONALIZZANTE DI PEDIATRIA		5
MEN1034321	ANATOMIA PATOLOGICA		8
MEP3055352	MALATTIE DEL SANGUE 1 (MOD. SMC 4)		2
MEP3055355	ONCOLOGIA MEDICA (MOD. SMC 4)		2
MEP3055353	REUMATOLOGIA 1 (MOD. SMC 4)		2
MEP3055351	REUMATOLOGIA 2 (MOD. SMC 4)		1
Total:			45

If the student does not complete successfully some educational components, the following provisions will apply:

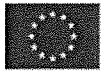
<http://www.unipd.it/node/2847> delibera SA 9/6/2014

Language competence of the student

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[A1] [A2] [B1] [B2] [C1] [C2]

[i] For the Common European Framework of Reference for Languages (CEFR) see



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"<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

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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: 16/10/2015

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