

Learning Agreement for Studies/Thesis

Student	Last name(s)	First name(s)	Date of birth	Nationality	Sex [M/F]	Study cycle	Field of education
Sending Institution	Name	Department	Address	Country	Contact person name; email; phone		
	Università di Pisa			Italy			
Receiving Institution	Name	Department	Address	Country	Contact person name; email; phone		

Before the mobility

Study Programme at the Receiving Institution				
Table A Before the mobility	Planned period of the mobility: from [month/year] to [month/year]			
	Component code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)	Semester [e.g. autumn/spring; term]	Number of ECTS credits (or equivalent) to be awarded by the Receiving Institution upon successful completion
			Total: ...	
Web link to the course catalogue at the Receiving Institution describing the learning outcomes: [web link to the relevant information]				

The level of language competence in _____ [indicate here 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 ☐ Native speaker ☐

Recognition at the Sending Institution					
Table B Before the mobility	Component code (if any)	Component title at the Sending Institution (as indicated in the course catalogue)	Semester [e.g. autumn/spring; term]	Number of curricular ECTS credits to be recognised	Number of extra- curricular ECTS credits to be recognised
			Total: ...	Total:	
Provisions applying if the student does not complete successfully some educational components: [web link to the relevant information]					



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Commitment

By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. The Receiving Institution confirms that the educational components listed in Table A are in line with its course catalogue and should be available to the student. 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 the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period.

Commitment	Name	Email	Position	Date	Signature
Student			<i>Student</i>		
Responsible person at the Sending Institution					
Responsible person at the Receiving Institution					

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During the Mobility

Planned period of the mobility: from [day/month/year] till [day/month/year]

Exceptional changes to Table A (to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Institution)						
Table A2 During the mobility	Component code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)	Deleted component [tick if applicable]	Added component [tick if applicable]	Reason for change	Number of ECTS credits (or equivalent)
			<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.	
			<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.	

Exceptional changes to Table B (if applicable) (to be approved by e-mail or signature by the student and the responsible person in the Sending Institution)						
Table B2 During the mobility	Component code (if any)	Component title at the Sending Institution (as indicated in the course catalogue)	Deleted component [tick if applicable]	Added component [tick if applicable]	Number of curricular ECTS credits to be recognised	Number of extra- curricular ECTS credits to be recognised
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

	Name	Date	Signature for approval
Student			
Responsible person at the Receiving Institution			
Responsible person at the Sending Institution			



Learning Agreement for Traineeships/Thesis

Trainee	Last name(s)	First name(s)	Date of birth	Nationality	Sex [M/F]	Study cycle	Field of education
Sending Institution	Name	Department		Address	Country	Contact person name; email; phone	
	Università di Pisa				Italy		
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person name; position; e-mail; phone	Mentor name; position; e-mail; phone
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees		

Before the mobility

Table A - Traineeship Programme at the Receiving Organisation/Enterprise Planned period of the mobility: from [month/year] to [month/year]	
Traineeship title: ...	Number of working hours per week: ...
Detailed programme of the traineeship:	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):	
Monitoring plan:	
Evaluation plan:	
The level of language competence in _____ [indicate here the main language of work] that the trainee already has or agrees to acquire by the start of the mobility period is: A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/>	



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Table B - Sending Institution

Please use only one of the following three boxes:

1. The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to:

Award..... ECTS credits (or equivalent)	Give a grade based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	

2. The traineeship is **voluntary** and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits:
Give a grade: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate if this will be based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Record the traineeship in the trainee's Transcript of Records: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Record the traineeship in the trainee's Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. The traineeship is carried out by a **recent graduate** and, upon satisfactory completion of the traineeship, the institution undertakes to:

Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits:
Record the traineeship in the trainee's Europass Mobility Document (<i>highly recommended</i>): Yes <input type="checkbox"/> No <input type="checkbox"/>	

Accident insurance for the trainee

The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Table C - Receiving Organisation/Enterprise

The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, amount (EUR/month):
The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:	
The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/>
The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/>	
The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee.	
Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship.	

By signing this document, the trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. The trainee and Receiving Organisation/Enterprise will communicate to the Sending Institution any problem or changes regarding the traineeship period.

Commitment	Name	Email	Position	Date	Signature
Trainee			<i>Trainee</i>		
Responsible person at the Sending Institution					
Supervisor at the Receiving Organisation					



Learning Agreement for Traineeships/Thesis

During the Mobility

Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise (to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise)	
Planned period of the mobility: from [day/month/year] till [day/month/year]	
Traineeship title: ...	Number of working hours per week: ...
Detailed programme of the traineeship period:	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):	
Monitoring plan:	
Evaluation plan:	

	Name	Date	Signature for approval
Student			
Responsible person at the Sending Institution			
Responsible person at the Receiving Institution			