



UNIVERSITA' DEGLI STUDI DEL SANNIO
 UNITA' ORGANIZZATIVA PROGRAMMI DI MOBILITA'
 Via Giovanni De Nicastro, 13 – Ex Convento di Sant'Agostino 82100 BENEVENTO (ITALY)
 ☎ + 39 0824 305451-53; fax: + 39 0824 305408; ✉ erasmus@unisannio.it

MOD. SMS5 – Part II
Change Learning Agreement
 FAC. DI S.E.A.

Name of student: _____

Sending Institution: UNIVERSITY OF SANNIO I BENEVEN 02 **Country:** ITALY

CHANGES TO ORIGINAL LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Course unit code and page no. of the course catalogue	Course unit (as indicated in the course catalogue)	Deleted course unit	Added course unit	Number of ECTS credits
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

If necessary, continue this list on a separate sheet

Student's signature _____ **Date:** _____

SENDING INSTITUTION

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

Prof. Biagio Simonetti

Prof.ssa Lorella M.T. Canzoniero

Date: _____

Date: _____

RECEIVING INSTITUTION

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

Date: _____

Date: _____



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MOD. SMS5 – Part III
Additional sheet Learning
Agreement FAC. DI S.E.A.

LEARNING AGREEMENT - ADDITIONAL SHEET
 (if needed)

Name of student: _____

Sending Institution: UNIVERSITY OF SANNIO I BENEVEN 02 **Country:** ITALY

Receiving institution: _____ **Country:** _____

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the course catalogue)	Semester (I° autumn/ II° spring)	Number of ECTS credits
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Student's signature _____ **Date:** _____

SENDING INSTITUTION
 We confirm that the learning agreement is accepted.
 Departmental coordinator's signature: Prof. Biagio Simonetti
 Institutional coordinator's signature: Prof.ssa Lorella M.T. Canzoniero

 Date: _____

RECEIVING INSTITUTION
 We confirm that the learning agreement is accepted.
 Departmental coordinator's signature: _____
 Institutional coordinator's signature: _____

 Date: _____