

LEARNING AGREEMENT BANDO EXTRA UE N. 2

The Student

Last name (s)	First name (s)	
Date of birth	Nationality ¹	
Sex [<i>M/F</i>]	Academic year	20/20
Study cycle ²	Subject area, Code ³	
Phone	E-mail	

The Sending Institution

Name		Faculty	
Erasmus code (if applicable)	I BENEVEN 02	Department	
Address		Country,	ITALY
Contact person	INTERNATIONAL OFFICE	Contact person	erasmus@unisannio.it
name		E-mail / phone	0039 0824 305453

The Receiving Organisation/Enterprise

Name	Department
Sector ⁴	
Address, website	Country
Size of enterprise ⁵	
Contact person ⁶	Contact person
name / position	e-mail / phone
Mentor ⁷ name / position	Mentor e-mail / phone

I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from [month/year] till [month/year]
Number of working hours per week:
Thesis title:

Detailed programme of the	traineeship period
	P P
Knowledge, skills and comp thesis activity	petences to be acquired by the trainee at the end of
Monitoring plan	
pian	
Evaluation plan	
•	
The student	
Trainee's signature	
3	Date:
The sending institution	
Responsible person's signature	
·	Date:
The receiving organisation/e	enterprise
Responsible person's signature	
	Date:

THESIS ACTIVITY CERTIFICATE

Name
Name of the receiving organisation/enterprise:
Sector of the receiving organisation/enterprise:
Address of the receiving organisation/enterprise [street, city, country, phone, e-mail address], website:
Start and end of the thesis activity: from [day/month/year] till [day/month/year]
Traineeship title:
Detailed programme of the thesis activity period including tasks carried out by the trainee:
Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved):
Evaluation of the trainee:
THE RESPONSIBLE OF THE HOST INSTITUTION