

International Student Exchange Program (I.S.E.P.) Learning Agreement for Exchanges to the University of Trieste

ACADEMIC YEAR 2013/2014 -

FIELD OF STUDY:

STUDENT'S NAME AND FAMILY NAME:	
SEX: M F	NATIONALITY:.....
PERMANENT HOME ADDRESS:.....	
TELEPHONE NUMBER.....	MOBILE NUMBER.....
E-MAIL ADDRESS.....	
Sending institution (University/College, etc.):	
Address (Street, City, Country)	
RECEIVING INSTITUTION	Università degli Studi di Trieste.
ADDRESS	P.le Europa, n. 1 – 34127 Trieste - Italia
COORDINATOR: Prof. Leonardo BUONOMO: Dipartimento di Studi Umanistici, Androna Campo Marzio 10, 34123 (TS)	

DETAILS OF THE PROPOSED STUDY PROGRAM at THE UNIVERSITY OF TRIESTE / LEARNING AGREEMENT

COURSE CODE	COURSE TITLE (AT TRIESTE)	Number of credits

if necessary, continue the list on a separate sheet

DATE OF ARRIVAL **PERIOD OF STUDY**.....

Student's signature	Date
.....

SENDING INSTITUTION - We confirm that the proposed program of study/learning agreement is approved.	
Faculty Dean's signature	ISEP Institutional coordinator's signature
.....
Date:	Date:

RECEIVING INSTITUTION - We confirm that the proposed program of study/learning agreement is approved.	
Departmental International Mobility Delegate's signature	ISEP Institutional coordinator's signature
.....
Date:	Date: