



PNRR-TNE International Mobility Programme - TNE23-00059 "HEALTH-CONNECT Health education and advanced learning through collaboration, opportunities, networking, and educational connections in Balkans and Asian countries"

Codice Progetto PNRR_TNE/HEALTH-CONNECT CUP F91B24000320006PNRR

Learning Agreement

Student Mobility for Studies

a.y. 2025 / 2026

Student

Family name			
Given name			
Gender	☐ F ☐ M ☐ Other	Nationality	
Date of birth			
E-mail		Phone	
Course Level	☐ II ☐ PhD ☐ Single-cycle degree program		
Faculty/Department			
Degree Course			
Language Competence Level (list spoken languages and corresponding level from A1 to Native Speaker – add if necessary)			

Sending Institution

Name	Università degli Studi del Molise		
Faculty/Department	Agriculture, Environment and Food		
City	Campobasso	Country	Italy
Responsible Person (signatory) : Prof. Giuseppe Maiorano			
Position / Role	Scientific Coordinator		
E-mail	maior@unimol.it	Phone	
Administrative Contact : dott.ssa Tiziana Todisco			
Position / Role	Administrative manager		
E-mail	todisco@unimol.it	Phone	

Receiving Institution

Name			
Faculty/Department			
City		Country	
Responsible Person (signatory):			
Position / Role			
E-mail		Phone	

Administrative Contact :			
Position / Role			
E-mail		Phone	

Period of mobility (excluding travel days)

First day	
Last day	
Overall duration (number of months)	

Duration of activity must not exceed 5 months, pending budget availability.

Study programme at the Receiving Institution

Component Code	Component Title	Semester	Number of ECTS Credits

(add lines if necessary)

Recognition at the Sending Institution

Component Code	Component Title	Semester	Number of ECTS Credits

(add lines if necessary)

By signing¹ this document, the three parties approve the proposed activity project.

The Candidate Name: _____ Signature: _____ Date: _____
The Sending Institution Name of the responsible person: Prof. Giuseppe Maiorano Stamp and Signature: _____ Date: _____

¹ Circulating papers with original signatures is not compulsory. Scanned copies of signatures or electronic signatures may be accepted, depending on the national legislation of the country of the beneficiary organisation. Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution.

The Receiving Institution

Name of the responsible person*:

Stamp and Signature: Date:

After the mobility
Report of exams and activities

Name of exam	Passed Y/N	Grade/mark	Number of ECTS Credits

Activities carried out