







PNRR-TNE International Mobility Programme - TNE23-00080 "MOVING ITALIANNESS ProMOting innoVation capacity IN the higher Eduication System of Argentina and Italia through an Acion scheme for the MobiLIty And cooperation of University StudeNts and ProfESsorS" Codice Progetto PNRR\_TNE/MOVING\_ITALIANNESS CUP F31I24000320006

## Learning Agreement

Learning Agreement						
Student Mobility for Studies						
a.y. 2025 / 2026						
Family name	Studen	τ				
Family name Given name						
Gender	□ F □ M □ Other	Nationa	ality			
Date of birth	of the other	Naciona	ancy			
E-mail		Phone				
Course Level	☐ II ☐ Single-cycle degree prog		PhD			
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Department						
Degree Course						
Language Competend			_			
(list spoken languages	and corresponding level from A1	to Nativ	e Spe	aker – add	l if necessary)	
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	Sending Inst	titutio	n			
Name	Università degli Studi del					
Faculty/Department	Bioscience and Territory	1101150				
City	Campobasso	Co	ountr	V	Italy	
	signatory) : Prof. Maria Laura					
Position / Role Scientific Coordinator						
E-mail	carranza@unimol.it	Ph	none			
Administrative Contact : dott.ssa Valentina Apicella						
Position / Role Administrative manager						
E-mail	Valentina.apicella@unimo	l.it Ph	none			
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Receiving Institution						
Name	3	3 22 000 0				
Faculty/Department						
City	Coun	trv				
Responsible Person (signatory):						
Position / Polo						

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Name				
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Responsible Person (	signatory):			
Position / Role				
E-mail		Phone		









NextGenerationEU	e della Ricerca	PIANO NAZIONAL DI RIPRESA E RES	E ILIENZA	DEL MOLISE
Administrative Contac	t :			
Position / Role				
E-mail	Phone			
	Period of mo	bility (excluding	travel d	lays)
First day				
Last day Overall duration (num	har of months)			
Duration of activity must not		ing budget availability.		
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		me at the Receiving	g Institu	
Component Code	Component Title	Semester		Number of ECTS Credits
(add lines if necessary)				
	_	the Sending Institu	ition	
Component Code	Component Title	Semester		Number of ECTS Credits
(add lines if necessary)		·		
By signing <sup>1</sup> this docu	ment, the three parties	approve the proposed act	ivity project	t.
The Candidate				
Name:				
Signature: Date:				
The Sending Institution				
	nerson: Prof ssa Maria I	aura Carranza		
Name of the responsible person: Prof.ssa Maria Laura Carranza Stamp and Signature: Date:				

<sup>&</sup>lt;sup>1</sup> 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 persons:						
Stamp and Signature: Date:						
	After the mobilit	ty				
Report of exams and activites						
Name of exam	Passed Y/N	Grade/mark	Number of ECTS			
			Credits			
	Activities carried	out				