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 Traineeship

a.y. 2025 / 2026

Student

Family name			
Given name			
Gender	☐ F ☐ M ☐ Other	Nationality	
Date of birth			
E-mail		Phone	
Course Level	☐ II ☐ Single-cycle degree program ☐ PhD		
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.

Description of activity

Attending the following courses:

Laboratory traineeship.

Objectives of activity

Describe the objectives of your mobility, highlighting the connections with the themes of the TNE – HEALTH-CONNECT Project

By signing[1] this document, the three parties approve the proposed activity project.

[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 Candidate Name: Signature: Date:
The Sending Institution Name of the responsible person: Prof. Giuseppe Maiorano Stamp and Signature: Date:
The Receiving Institution Name of the responsible person[8]: Stamp and Signature: Date:

After the mobility - Report
