



PNRR-TNE International Mobility Programme - TNE23-00080 "MOVING ITALIANNESS ProMoting innoVation capacity IN the higher Education 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

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 ☐ Single-cycle degree program ☐ PhD		
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	Bioscience and Territory		
City	Campobasso	Country	Italy
Responsible Person (signatory) : Prof. Maria Laura Carranza			
Position / Role	Scientific Coordinator		
E-mail	carranza@unimol.it	Phone	
Administrative Contact : dott.ssa Valentina Apicella			
Position / Role	Administrative manager		
E-mail	Valentina.apicella@unimol.it	Phone	

Receiving Institution

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

Period of mobility (excluding travel days)

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 – MOVING Project

By signing¹ 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.ssa Maria Laura Carranza

Stamp and Signature: Date:

The Receiving Institution

Name of the responsible person*:

Stamp and Signature: Date:

After the mobility - Report