MINISTERO DELL'ISTRUZIONE DELL'UNIVERSITA' E DELLA RICERCA

Education and Culture DG
Lifelong Learning Programme

ERASMUS
Since 1987

ACCADEMIA DI BELLE ARTI DI FIRENZE

VIA RICASOLI, 66 | 50122 FIRENZE | TEL. 055.215449 – 055.2398660 | FAX 055.2396921 | COD. FISC. 80019050485

LEARNING AGREEMENT

ACADEMIC YEAR 20..... / 20..... Field of Study.....

Study Period .....from DD MM YYYY to DD MM YYYY

STUDENT'S PERSONAL DATA

Family name	First name (s)
Sending Institution	Country
Student's e-mail address	

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

RECEIVING INSTITUTION - ACCADEMIA DI BELLE ARTI DI FIRENZE - ITALY

Course unit code *(if any) and page no. of the information package*	Course unit title *(as indicated in the course catalogue)*	Semester *(autumn/spring)*	N° of ECTS credits

Student's signature	Date DD MM YYYY

SENDING INSTITUTION

We confirm that the learning agreement is accepted.

Departmental coordinator signature	Date DD MM YYYY
Institutional coordinator's signature	Date DD MM YYYY

RECEIVING INSTITUTION - ACCADEMIA DI BELLE ARTI DI FIRENZE - ITALY

We confirm that the learning agreement is accepted.

Departmental coordinator signature	Date DD MM YYYY
Institutional coordinator's signature *Prof.ssa M.Giuliana VIDETTA*	Date DD MM YYYY

http://ec.europa.eu/education/lifelong-learning-policy/doc48_en.htm

STUDENT'S PERSONAL DATA

Name of student	
Sending Institution	Country
Student's e-mail address	

CHANGES TO ORIGINAL LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code *and page no. of the information package*	Course unit title *(as indicated in the course catalogue)*	Deleted course unit	Added course unit	N° of ECTS credits

If necessary, continue this list on a separate sheet

Student's signature	Date DD MM YYYY

SENDING INSTITUTION

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator signature	Date DD MM YYYY
Institutional coordinator's signature	Date DD MM YYYY

RECEIVING INSTITUTION - ACCADEMIA DI BELLE ARTI DI FIRENZE - ITALY

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator signature	Date DD MM YYYY
Institutional coordinator's signature *Prof.ssa M.Giuliana VIDETTA*	Date DD MM YYYY