



Education and Culture DG

Lifelong Learning Programme



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

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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. Giuseppe ANDREANI	Date
	DD MM YYYY