



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 <i>Accademia di Belle Arti di Firenze (I FIRENZE 03)</i>	Country <i>ITALIA</i>
Student's e-mail address	

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

RECEIVING INSTITUTION

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 - ACCADEMIA DI BELLE ARTI DI FIRENZE - ITALY

We confirm that the learning agreement is accepted.

Departmental coordinator signature <i>Prof. Edoardo MALAGIGI</i>	Date
	DD MM YYYY
Institutional coordinator's signature <i>Prof. Giuseppe ANDREANI</i>	Date
	DD MM YYYY

RECEIVING INSTITUTION

We confirm that the learning agreement is accepted.

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