



Erasmus+

**BERGEN**

Higher Education

UNIVERSITÀ  
DEGLI STUDI  
DI PADOVA**LEARNING AGREEMENT FOR STUDIES****The Student**

Last name (s)		First name (s)	
Date of birth		Nationality	ITALIAN
Sex[M/F]	M	Academic year	2015/2016
Study cycle	6 years single cycle degree	Subject area	Medicine
Phone		E-mail	

**The Sending Institution**

Name	Università degli Studi di PADOVA	Faculty	
Erasmus code	I PADOVA01	Department	DEPARTMENT OF MEDICINE
Address	Via 8 Febbraio, 2, 35122, Padova	Country	Italy
Contact person name	MAESTRELLI PIERO	Contact person e-mail/phone	piero.maestrelli@unipd.it /

**The Receiving Institution**

Name	UNIVERSITETET I BERGEN	Faculty	
Erasmus code	N BERGEN01	Department	
Address	BERGEN	Country	Norway
Contact person name		Contact person e-mail/phone	/

## I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from 01/08/2015 till 28/01/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
MEDFOD	Obstetrics and Gynecology (lectures)		7
MEDFOD	Obstetrics and Gynecology (traineeship)		7
MEDPED	Paediatrics (lectures)		7
MEDPED	Paediatrics (traineeship)		7
Total:			28

**Web link to the course catalogue at the receiving institution at the receiving institution describing the learning outcomes:**

*[Web link(s) to be provided.]*

Table B: Group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad NB no one to one match with Table A is required. Where all credits in Table A are recognised as forming part of the programme at the sending institution without any further conditions being applied, Table B may be completed with a reference to the mobility window (see guidelines)

Component code	Component title	Semester	ECTS credits
MEN1038478	OSTETRICIA E GINECOLOGIA		4
MEP3056296	PEDIATRIA		6
MEP3054226	TIROCINIO PROFESSIONALIZZANTE DI MEDICINA INTERNA (QUINTO ANNO)		8
MEP3056243	TIROCINIO PROFESSIONALIZZANTE DI OSTETRICIA E GINECOLOGIA		5
ME01120842	TIROCINIO PROFESSIONALIZZANTE DI PEDIATRIA		5
Total:			28

**If the student does not complete successfully some educational components, the following provisions will apply:**

<http://www.unipd.it/node/2847> delibera SA 9/6/2014

### Language competence of the student

The level of language competence in \_\_\_\_\_ [the main language of instruction] that the student already has or agrees to acquire by the start of the study period is:

[A1] [A2] [B1] [B2] [C1] [C2]

[i] For the Common European Framework of Reference for Languages (CEFR) see

"<http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>"



## II. RESPONSIBLE PERSONS

**Responsible person in the sending institution**

Name: MAESTRELLI PIERO

Function: Academic person Responsible for mobility

Phone number:

E-mail: piero.maestrelli@unipd.it

**Responsible person in the receiving institution**

Name:

Function:

Phone number:

E-mail:

## III. COMMITMENT OF THE THREE PARTIES

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and receiving institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the inter-institutional agreement for institutions located in partner countries).

The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.

The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties.

The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period.

**The student**

(1)

Date: 16/10/2015

**The sending institution**

MAESTRELLI PIERO

(1)

Date: 30/10/2015

**The receiving institution**

Date:

(1) Confirmed with electronic signature under SAML 2.0 protocol. To verify the validity of the signature please refer to: erasmus@unipd.it