



Erasmus+

BRUXELLES

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	First cycle degree	Subject area	Health
Phone		E-mail	

The Sending Institution

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

The Receiving Institution

Name	HAUTE ECOLE PAUL-HENRI SPAAK	Faculty	
Erasmus code	B BRUXEL89	Department	
Address	BRUXELLES	Country	Belgium
Contact person name		Contact person e-mail/phone	/

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from 01/09/2015 till 26/02/2016

Table A: Study programme abroad.

Component code	Component title	Semester	ECTS credits
K4AD2	Kinésithérapie du rachis (vertebrothérapie)		2
K4AD4	Kiné spéciale de la main		2
K4AD3	Kiné spéciale oro-faciale		2
K4SA	Stage (incluant enseignements cliniques)		12
Total:			18

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
MEP3053229	PRASSI TERAPEUTICA PROFESSIONALE IN RIABILITAZIONE ORTOPEDICA - PARTE SPECIALE		6
MEP3053226	TIROCINIO (TERZO ANNO)		48
Total:			54

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

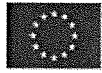
Language competence of the student

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: QUINCI ANTONIO

Function: Academic person Responsible for mobility

Phone number:

E-mail: antonio.quinci@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: 23/09/2015

The sending institution

QUINCI ANTONIO

(1)

Date: 10/11/2015

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



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Responsible person in the sending institution	
Name: QUINCI ANTONIO	Function: Academic person Responsible for mobility
Phone number:	E-mail: antonio.quinci@unipd.it
Responsible person in the receiving institution	
Name:	Function:
Phone number:	E-mail:

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