International Mobility Programme
Activities Proposal Visiting Student

STUDENT	Last name(s)	First name(s)	Date of birth	Nationality	Sex [M/F]	Fiscal code	Study course in:	Level

SENDING INSTITUTION	Department	Address	Country	Contact person	email	phone	Additional information	

HOSTING INSTITUTION	Department	Address	Country	Contact person	email	phone	Additional information	

STUDY PROGRAMME OR ACTIVITIES AT THE RECEIVING INSTITUTION

Planned period of the mobility: from [month/year] …………….……. to [month/year] …………..………

ACTIVITY	DESCRIPTION	CFU
STUDY/COURSES ☐		
THESIS ☐		

RESEARCH	☐		
OTHER ACTIVITY	☐		

NOTES

	Signature			Email	Date
STUDENT					

	Name	Date		SIGNATURE and STAMP
RESPONSIBLE PERSON at the sending institution (to be signed after the selection)			APPROVED ☐ NOT APPROVED ☐	
RESPONSIBLE PERSON at the receiving institution (to be signed after the selection)			APPROVED ☐ NOT APPROVED ☐	