



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 professor	email	phone	Additional information	
HOSTING INSTITUTION	Department	Address	Country	Contact professor	email	phone	Additional information	

STUDY PROGRAMME OR ACTIVITIES AT THE RECEIVING INSTITUTION			TO BE FILLED BY THE DEPT/STUDY COURSE AFTER THE SELECTION (before the mobility)	
Planned period of the mobility: from [month/year] to [month/year]				
ACTIVITY	DESCRIPTION	CFU HOSTING INSTITUTION	RECOGNITION AT UNICT	CFU AT SENDING INSTITUTION
STUDY/COURSES <input type="checkbox"/>				



THESIS RESEARCH <input type="checkbox"/>				
TRAINEESHIP/ PRACTICE <input type="checkbox"/>				
OTHER ACTIVITY <input type="checkbox"/>				

NOTES

	Signature		Email	Date	NOTES
STUDENT					
	Name	Date	SIGNATURE and STAMP		
RESPONSIBLE PERSON at the sending institution (to be signed after the selection)			APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/>		
RESPONSIBLE PERSON at the receiving institution (to be signed after the selection)			APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/>		
	FINAL DOCUMENTS VALIDATION	SUBJECT		GRADE	Number of ECTS credits (or equivalent)
AFTER MOBILITY UDI - UNICT <input type="checkbox"/>	forwarded to the relevant offices				
					SIGNATURE