

HIGHER EDUCATION Learning Agreement for studies



Academic Year: 2020/2021 Student's name and surname:

Student	Surname(s)	First name(s)	Date of birth	Nationality	Sex	Study cycle	Field of education [link]	
			//	Italian other:	□M□F	 ☐ triennale Xmagistrale/ciclo unico ☐ master/dottorato 	www.umed.edu.al	
	Name	Faculty Department	Erasmus code	Address	Country	Contact person nam	e; email; phone	
Sending Institution	University of Medicine,Tirana	Medicine		Rruga e Dibrës, Nr. 369, Hyrja nr. 1, 1012 - Tiranë - Shqipëri	Albania (Al)	Durim Cela <u>durimcela@gmail.com</u> 0674801494		
	Name	Faculty/ Department	Erasmus code	Address	Country	Contact person nam	e; email; phone	
Receiving Institution	Università degli Studi di Ferrara		I FERRARA01	Via Ariosto 35, 44121 Ferrara	Italy (IT)	Ufficio Internazion Via Saragat 1 – c/o Polo Sa Blocco B – II I-44122 Fe Email: <u>Internation</u>	cientifico Tecnologico I piano rrara	

Before the mobility

		Study Programme at the Receiving Insti	tution	
		Planned period of the mobility: from [month/year]/20 to [[month/year]	/20
Table A Before the mobility	Component code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)	Semester [fall/spring term]	Number of ECTS credits (to be awarded by the Receiving Institution upon successful completion)
				Total:
	Web link to	o the course catalogue at the Receiving Institution (catalogo dei corsi):		

The level of language competence in □ English □Spanish □	French	□German	□Other_		that the	e student already has or agrees to acquire by
the start of the study period is: A1	A2 🗆	B1 🗆	B2 🗆	C1 🗆	C2 🗆	Native speaker 🗆

Recognition at the Sending Institution							
Table B Before the mobility	Component code (if any)	Component title at the Sending Institution (as indicated in the course catalogue)	Semester [fall/spring term]	Number of ECTS credits (to be recognised by the Sending Institution)			
				Total:			





Learning Agreement for studies

Commitment

By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the 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 and that they will comply with all the arrangements agreed by all parties. Sending and Receiving Institution and the student should also commit to what is set out in the Erasmus- grant agreement. The Receiving Institution confirms that the educational components and to count them towards the student's degree as described in Table & Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties. The student and the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period.

 Commitment
 Name
 Email
 Position
 Date
 Signature

 Student
 Alma Idrizi
 alma.idrizi@umed.edu.al
 Erasmus Coordinator
 Erasmus Coordinator

the Sending Institution		Coordinator	
Responsible person at the Receiving Institution		Departmental Coordinator	





During the Mobility

	Exceptional changes to Table A								
Table A2 During the mobility	Component code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)	Deleted component [tick]	Added component [tick]	Reason for change	Number of ECTS credits			

	Exceptional changes to Table B (if applicable)								
Table B2 During the mobility	Component code (if any)	Component title at the Sending Institution (as indicated in the course catalogue)	Deleted component [tick]	Added component [tick]	Number of ECTS credits				

Commitment	Name	Email	Position	Date	Signature
Student			Student		
Responsible person at the Sending Institution					
Responsible person at the Receiving Institution			Departmental Coordinator		





After the Mobility

Student	Surname(s)	First name(s)	Date of birth	Nationality	Sex	Study cycle	Field of education [link]
			//	Italian other:	□M□F	 ☐ triennale ☐ magistrale/ciclo unico ☐ master/dottorato 	
	Name	Faculty Department	Erasmus code	Address	Country	Contact person nam	e; email; phone
Sending Institution	UMT	Medicine		Rruga e Dibrës, Nr. 369, Hyrja nr. 1, 1012 - Tiranë - Shqipëri	Albania	International.office@umed.edu.al	
	Name	Faculty/ Department	Erasmus code	Address	Country	Contact person nam	e; email; phone
Receiving Institution	Università degli Studi di Ferrara		I FERRARA01	Via Ariosto 35, 44121 Ferrara	Italy (IT)	Ufficio Internazion Via Saragat 1 – c/o Polo So Blocco B – II I-44122 Fe Email: <u>Internation</u> <u>http://www.unife.it/studenti/interni/unterni/interni/un</u>	ientifico Tecnologico I piano rrara <u>Ial@unife.it</u> mazionale/elementicomu

Table C After the mobility

Start and end dates of the study period: from [day/month/year] _____/20___ to [day/month/year] _____/20____

Component code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)	Was the component successfully completed by the student?	Number of ECTS credits	Grades received at the Receiving Institution	ECTS grade (if any)
		Yes No			
		🗌 Yes 🗌 No			
		🗌 Yes 🗌 No			
		🗌 Yes 🗌 No			
		🗌 Yes 🗌 No			
		🗌 Yes 🗌 No			
		🗌 Yes 🗌 No			
			Total:		

Responsible person at the Sending	Name and Surname:	Signature and position:	Date:	Seal:
Institution				

Table D After the mobility

Transcript of Records and Recognition at the Sending Institution

Component code (if any)	Title of recognised component at the Sending Institution (as indicated in the course catalogue)	Number of ECTS credits recognised	Grades registered at the Sending Institution	ECTS grade (if any)



T

HIGHER EDUCATION Learning Agreement for studies



Academic Year: 2020/2021 Student's name and surname:

Total: ...

Commitment	Name	Email	Position	Date	Signature
Responsible person at the Receiving Institution			Departmental Coordinator		