

## Learning Agreement - Student Mobility for Studies

### General information

<b>Student</b>	Last name(s)	First name(s)	Date of birth	Nationality	Gender	
	ESI / E_MAIL		Study cycle	Field of education (ISCED)	Field of education (clarification)	
				215	Music and performing arts	
<b>Sending Institution</b>	Name	Faculty/Department	Erasmus code	Country	Administrative contact person name; email; phone	
	Conservatorio G. Verdi di Milano		I MILANO09	ITALY	Roberto de Thierry, <a href="mailto:erasmus@consmilano.it">erasmus@consmilano.it</a> , +39 02 762110221	
<b>Receiving Institution</b>	Name	Faculty/Department	Erasmus code	Country	Administrative contact person name; email; phone	
The level of language competence in _____ [indicate here the main language of instruction] that the student already has or agrees to acquire by the start of the study period is: A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/>						

### Mobility type and duration

Mobility type (select one)	Estimated duration (to be confirmed by the Receiving Institution)
<ul style="list-style-type: none"> <li>Semester(s) <input type="checkbox"/> / Virtual component <i>(only if applicable)</i> <input type="checkbox"/></li> <li>Blended mobility with short-term physical mobility <input type="checkbox"/></li> <li>Short-term doctoral mobility <input type="checkbox"/> / Virtual component <i>(only if applicable)</i> <input type="checkbox"/></li> </ul>	Planned period of the physical mobility: <ul style="list-style-type: none"> <li>from [day (optional)/month/year] .....</li> <li>to [day (optional)/month/year] .....</li> </ul>

### Study Programme at the Receiving Institution

Table A	Component code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)	Semester [e.g. autumn/spring; term]	Number of ECTS credits (or equivalent) to be awarded by the Receiving Institution upon successful completion
<b>Total: ...</b>				

### Recognition at the Sending Institution

Table B	Component code (if any)	Component title at the Sending Institution (as indicated in the course catalogue)	Semester [e.g. autumn/spring; term]	Number of ECTS credits (or equivalent) to be recognised by the Sending Institution	Automatic recognition
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
				<b>Total: ...</b>	

## Signatures

Commitment	Name	Email	Position	Date	Signature
Student			<i>Student</i>		
Teacher / Head of Dept. at the Sending Institution					
Responsible person at the Sending Institution	Roberto de Thierry	erasmus@consmilano.it	IRC		
Responsible person at the Receiving Institution					