

CHANGE OF LEARNING AGREEMENT

FREE MOVER MOBILITY – Academic Year 2024/25

Family name and First name: _____ Student's identification number: _____

Faculty (at the Free University of Bozen-Bolzano): _____ Degree Course: _____

Receiving institution: _____ Country: _____

Semester(s) abroad: _____ First Semester 2024/25 _____ Second Semester 2024/25: _____

Planned Activity

| <u>Destination University</u> • Courses to be attended abroad and if possible their code number | <u>Destination University</u> • Duration and Type of the Course • Number of Hours of Lectures and/or Exercise of Course • Number of ECTS credits (if available) | <u>UNIBZ</u> Proposal of recognition with internal code in the official language of teaching and with ECTS at UNIBZ |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

It is student's responsibility to ensure that the courses and activities listed in this agreement can be included in his/her study career according to the unibz regulations. Even if the agreement has been approved, no credit will be granted in case of conflict with unibz regulations.

| Date | Signature of the student | Date | Signature of the person in charge at the Faculty |
|------|--------------------------|------|--------------------------------------------------|
| | | | |