

LEARNING AGREEMENT

FREE MOVER MOBILITY - Academic Year 2025/26

Family name and First na	me:	Student's identification number:			
Faculty (at the Free Unive	ersity of Bozen-Bolzano):		Degree Course:		
Receiving institution:			Country:		
Semester(s) abroad:	First Ser	nester 2025/26 Second Semester 2025/26			
Planned Activity					
Destination University Courses to be attended abroad and if possible their code number		 Destination University Duration and Type of the Course Number of Hours of Lectures and/or Exercise of Course Number of ECTS credits (if available) 			UNIBZ Proposal of recognition with internal code in the official language of teaching and with ECTS at UNIBZ
been approved, no credit Please note: after appro	will be granted in case of conflict wit	h unibz regulations. student's responsibilit	y to complete the procedu	ure by filling	out the unibz "free mover" application form. All information, ge-mobilities-studies/freemover/
Date	Signature of the student		Date	Si	ignature of the person in charge at the Faculty