

CHANGE OF LEARNING AGREEMENT

FREE MOVER MOBILITY – Academic Year 2025/26

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 2025/26 _____ Second Semester 2025/26: _____

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