

LEARNING AGREEMENT

SUMMER SCHOOL COURSES

Academic Year 20__/20__

Family name and First name: _____

Student's identification number: _____

Faculty (at the Free University of Bozen-Bolzano): **School of Economics and Management**

Degree Course: (+ 509=old or 270=new)

Receiving institution: _____

Country: _____

Starting date of the period of study / /

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 • Optional Course or • Extracurricular Course or • Exam at other university (just for PPE-509-students) |
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It is the 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 is approved, no credit will be granted for courses and activities that would not be credited if completed at unibz.

Date _____ Signature of the student: _____

office use only:

APPROVAL BY THE FACULTY BOARD:

Date _____ Signature of the professor in charge: _____