

ERASMUS+ for Traineeship A.A. 2025/2026 Riservato agli studenti

ACTIVITY PLAN

Ct. days	Last name(s)	First name(s)	Nationality	Sex [M/F]	Study cycle	Study Course	
Student							
Receiving Institution	Name	Faculty/ Department	Address	Country	Thesis/Stage Supervisor; email; phone		

Brief Description of the Activity						
Brief Description of the Activity						
Number of CFU that will be awarded						
Free Activity Stage/traineeship Thesis						

${\it Commitment}$

By signing this document, the student, the Coordinator of the study curse and the Responsible person for internationalization confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. The Coordinator of the study curse commits to recognise all the credits or equivalent units gained during the mobility for the successfully completed educational components and to count them towards the student's degree as described in Table B.

Commitment	Name	Email	Position	Date	Signature
Student			Student		
Responsible person for internationalization for the study course					

IMPORTANTE: L'activity plan deve essere compilato in tutte le sue parti