



## DOUBLE TITLE MOBILITY PROGRAM

YEAR 2024-2025

STUDENT'S NAME AND SURNAME: \_\_\_\_\_

MATRICOLA: \_\_\_\_\_

ENROLLED TO THE DEGREE COURSE: \_\_\_\_\_

Professor: \_\_\_\_\_

having read the program and teaching credits of the didactic activity:

Code, Name of didactic activity and ECTS:			
At the Host Institution:			
<input type="checkbox"/> considers it TOTALLY equivalent to		<input type="checkbox"/> considers it PARTIALLY equivalent to	
Name of didactic activity and code (*)	disciplinary scientific sector	Total CFU	CFU recognized
In case of partial equivalence, indicate the integration topics to be discussed upon return:			
_____			
_____			

(\*) In the case of additional courses, add lines for each course.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_