**EXTRA-UE MOBILITY PROGRAM**

**YEAR 2025-2026**

**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: | | | |
| considers it TOTALLY equivalent to  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_