



**LEARNING AGREEMENT FOR THESIS RESEARCH**

**Mobility code: (compilation by the Udine University office)**

- M\_UET (for thesis mobility UE no Erasmus)**  
 **MNUET (for thesis mobility extra UE)**

**The Student**

Last name (s) ( <i>Cognome</i> )		First name (s) ( <i>Nome</i> )	
Date of birth		Nationality	
Student ID (n. matricola)		Academic year of the Mobility	
Study cycle	<input type="checkbox"/> Degree (Laurea triennale) <input type="checkbox"/> Master Degree (Laurea Magistrale) <input type="checkbox"/> Long Term Degree (Laurea a ciclo unico)	Name of the Degree Course	
Phone		E-mail	

**The Thesis Supervisor for the Sending Institution**

<b>University of Udine</b>			
Address	Via Palladio, 8 33100 Udine	Country	ITALY
Name and Surname	<b>Prof.</b> .....		
Phone:	E-mail:		

**The Receiving Institution**

<b>Name</b>			
Address		Country	
Contact person name		e-mail phone	



<b>Responsible person or his Delegate for this signature</b> Function		e-mail phone	
--	--	-----------------	--

## I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility:

**From [date/month/year] .....till [date/month/year] .....**

## THESIS

<b>THESIS SUBJECT OR DESCRIPTION</b> ..... ..... ..... ..... ..... ..... ..... .....	
<b>Number of credits for thesis research</b>	

## II. COMMITMENT OF THE PARTIES

By signing this document, the Student, the Thesis Supervisor and the Receiving Institution confirm that they approve the proposed Learning Agreement for Thesis Research.

The Student and Receiving Institution will communicate to the Sending Institution and Supervisor, any problems or changes regarding the proposed mobility programme.

<b>The Student</b>	
Student's signature	Date:

<b>The Thesis Supervisor</b>	
Professor's signature	Date:

<b>The Receiving Institution</b>	
Responsible person's signature	Date:



**Section to be completed DURING THE MOBILITY**

**CHANGES TO THE LEARNING AGREEMENT**  
**CHANGES TO THE ORIGINAL PROPOSED MOBILITY PROGRAMME**

Requires the following change of the Learning agreement for Thesis Research of **the Student**:

<b>Name and Surname of the Student:</b>	
---	--

Fill only what changes:

<b>Planned duration of the mobility period:</b>
from [day/month/year] ..... till [day/month/year] .....
<b>Place of the Thesis Research (new address):</b>
<b>Thesis subject or description:</b>
<b>Number of credits for Thesis Research:</b>
<b>Other (Thesis Supervisor, Responsible person at Receiving Institution, etc.):</b>

The Student, the Thesis Supervisor and the Receiving Institution confirm that the proposed amendments to the Learning Agreement are approved.

*[Agreement of the proposed amendments by email is accepted. Original or scanned signatures are not mandatory for this specific section.]*

<b>The Student</b>	
Signature or approval by e-mail	Date:

<b>The Thesis Supervisor</b>	
Signature or approval by e-mail	Date:

<b>The Receiving Institution</b>	
Signature or approval by e-mail	Date:

