



Student's signature

.....Date: .....

**SENDING INSTITUTION**

We confirm that the proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

Date:

Date:

.....

**RECEIVING INSTITUTION**

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

Date: .....

Date: .....

Name of student:

.....

Sending institution: **Università degli Studi di Trieste**

Country: **Italy**