##### *LEARNING AGREEMENT*

Academic year 2023/2024

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| STUDENT (SURNAME/NAME): Matriculation number:  Degree programme: |
| NAME OF HOME INSTITUTION: **Università degli Studi di Milano**  Department/Faculty:  Academic Coordinator: e-mail: |
| NAME OF HOST INSTITUTION:  Department/Faculty:  Academic Coordinator:  e-mail: |

DETAILS OF THE PROPOSED LEARNING AGREEMENT

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Host Institution) | | UNIVERSITY OF MILAN (Home Institution) | |
| Course Unit Title (Denominazione corso) | ECTS | Denominazione corso (Course Unit Title) | ECTS |
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| Student’s name Student’s signatureDate | | | |
| HOME INSTITUTION: We confirm that the proposed learning agreement is approved. **Academic Coordinator’s signature** | | | |
| **HOST INSTITUTION:** We confirm that the proposed learning agreement is approved.  **Academic Coordinator’s signature** | | | |

CHANGES TO ORIGINAL LEARNING AGREEMENT

Academic year 2023/2024

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Host Institution) | | UNIVERSITY OF MILAN (Home Institution) | |
| Course Unit Title (Denominazione corso) | ECTS | Denominazione corso (Course Unit Title) | ECTS |
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| **D: deleted course unit A: added course unit** | | | |
| Student’s name Student’s signature | | | |
| SENDING INSTITUTION: We confirm that the proposed learning agreement is approved. **Academic Coordinator’s signature** | | | |
| **RECEIVING INSTITUTION:** We confirm that the proposed learning agreement is approved.  **Academic Coordinator’s signature** | | | |