



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:			
<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: _____