



Ministero dell'Istruzione dell'Università e della Ricerca
Alta Formazione Artistica e Musicale

ACCADEMIA DI BELLE ARTI DI ROMA
Via Ripetta n.222 - 00186 ROMA
Tel. 06/3227025 – 06/3227036 – Fax. 06/3218007

**LIFELONG LEARNING PROGRAMME/ ERASMUS – ECTS
LEARNING AGREEMENT**

ACADEMIC YEAR: 2010.../2011... **STUDY PERIOD:** from to

FIELD OF STUDY:

Name of student: Student's e-mail address:..... Sending Institution:Accademia di Belle Arti di Roma..... Country: Italia.....

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING
AGREEMENT**

Receiving institution: Country:

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the course catalogue)	Semester (autumn/spring)	Number of ECTS credits
.....

Student's signature Date:

SENDING INSTITUTION

We confirm that the learning agreement is accepted.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:

RECEIVING INSTITUTION

We confirm that the learning agreement is accepted.

Departmental coordinator's signature

Institutional coordinator's signature

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Date:

Date:

