

### STUDENT MOBILITY AGREEMENT

THE DEPARTMENT OF ____	
Academic reference person (name, address, telephone number, fax, email)	
Administrative reference person (name, address, telephone number, fax, email)	
THE DEPARTMENT OF ____	
Academic reference person (name, address, telephone number, fax, email)	
Administrative reference person (name, address, telephone number, fax, email)	

#### NUMBER OF STUDENTS

Level			Flow		Number	Total
1° cycle	2° cycle	3° cycle	From	To	Students	Months
Yes/No	Yes/No	Yes/No	Roma Tre	.....		
Yes/No	Yes/No	Yes/No	.....	Roma Tre		

#### SPECIFIC REQUIREMENTS

Incoming students		Outgoing students	
Year of academic career		Year of academic career	
Nr. Exams passed		Nr. Exams passed	
Nr. Credits obtained		Nr. Credits obtained	
Compulsory exams		Compulsory exams	
Italian language (Min. B1)		Official language of the partner university (Min. B1)	
Other		Other	

#### SELECTION

The students, nominated by ad hoc committees of the Faculties involved, will be admitted to pursue the courses described in the Learning Agreement negotiated and approved by the parties involved (enclosure A of this student mobility agreement).

#### EXCHANGE TERMS AND CONDITIONS

Both parties commit to certificate course frequency and exams, to recognise the studies and the credits pursued by students in the receiving university as well as to grant access to the students to all services and facilities generally offered by the receiving university. Both parties agree to waive tuition fees, as well as any other tax or fee connected to the courses attended.

Participating students of both parties shall be subject to the rules and regulations of the receiving university during the time they are enrolled. Medical assistance as well as health and accident insurance will be dealt with in accordance to the legislations of the countries involved. Both parties commit to verify the existence of basic insurance and assistance related

coverage. If medical assistance or health and accident insurance are not regulated by international agreements among the countries involved, each student participating in programs under this agreement shall be required by his or her university to purchase sufficient health and accident insurance for the duration of his or her participation.

Fees not specifically covered by this agreement, and the cost of housing and meals, shall be borne by the students themselves.

**ACCADEMIC YEAR**

	1° SEM./TRI./QUADR.	2° SEM./TRI./QUADR.	3° SEM./TRI./QUADR.	4° SEM./TRI./QUADR.
ROMA TRE				

**EVALUATION AND GRADING SYSTEM**

Universities in Italy use a 30-point scale simply divided in two: non passing (0 to 17), and passing grades (18 to 30 cum laude).

In .....

**DURATION, TERMINATION, RENEWAL**

This executive protocol will be in effect for..... / during the academic year 200...../200.....

After the evaluation of the outcomes of this agreement it can be renewed for following academic years. Variations and changes can be made in writing by mutual agreement of the parties. The termination of the agreement must be communicated in written by one of the parties and shall have no effect on ongoing activities until their conclusion.

Either of the parties may terminate this protocol before the expiry date by giving written notice to the other party. The termination will not have effects on ongoing activities.

This agreement is drawn up in four copies, two in Italian and two in English, each of these texts being equally authentic. Enclosures A is an integral part of this agreement, and it will be filled in by the students who intend to participate in the exchange. Both parties will receive a copy in each language. All misinterpretations will be settled by mutual assent.

The Director of the Department of.....

Roma Tre University

Prof. ....

Roma, .....

The Director of the Department of.....

University of.....

Prof. ....

....., .....

**ENCLOSURE A: LEARNING AGREEMENT**

Academic year...../.....

Surname (Family name)	
Name	
Email	
Home Institution	
Country	
Matriculation/registration number	
Receiving institution	
Country	
Matriculation/registration number	
Period abroad	

Name of the course in the home institution	Credits/CFU	Code of the course at the home institution	Correspondent course at the receiving institution	Credits/CFU	Code of the course at the receiving institution

Student's signature:

Date:

HOME INSTITUTION	RECEIVING INSTITUTION
We confirm that this proposed learning agreement is approved.  Signature _____ DATE:	We confirm that this proposed learning agreement is approved.  Signature _____ DATE: