**LEARNING AGREEMENT**

**EXCHANGE from the UNIVERSITA’ DEGLI STUDI DI TRIESTE – DEAMS to the UNIVERSITY OF NORTHERN COLORADO - MONTFORT COLLEGE OF BUSINESS**

**ACADEMIC YEAR 2014/2015 FIELD OF STUDY: BUSINESS**

STUDENT’S NAME AND SURNAME: ................................................................................................................

SEX: M F NATIONALITY:………………………………………………….………….………….………….…… ……

PERMANENT HOME ADDRESS:………………………………………………………………………………………..

TELEPHONE NUMBER……………………………………MOBILE NUMBER………………………………………..

E-MAIL ADDRESS…………………………………………………………………….

Sending institution Address: Università di Trieste-Facoltà di Economia, Piazzale Europa 1, I - 34127 Trieste

COORDINATOR: Prof. Donata VIANELLI

Receiving Institution Address……………………………………………………………………………….…………….

**DETAILS OF THE PROPOSED STUDY PROGRAM/ LEARNING AGREEMENT**

 COURSE TITLE CREDITS

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**DATE OF ARRIVAL** ……….………………………… **PERIOD OF STUDY**……………………………………

Student’s signature Date

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**SENDING INSTITUTION -** We confirm that the proposed program of study/learning agreement is approved**.** (See attached sheet for conversions)

Coordinator’s signature Faculty International Mobility Delegate’s signature

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Date: ................................................................ Date…………………………………………..