

PNRR M4 C1 INV.3.4 SUB-INV.T4
INIZIATIVE EDUCATIVE TRANSANZIONALI – TNE D.D. n. 167 del 03/10/2023
Mobilità individuale nell'istruzione superiore (TNE Student)

TNE project: DeSK - Developing Shared Knowledge in Innovative Materials and Digital Transformation for Sustainable Economy and Green Transition (CUP H91I24000380007)

ACTIVITY PROJECT

Student in Mobility

Family name ¹														
Given name ¹														
Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Not Declared	Nationality										
Date of birth														
Place of birth														
Passport Number														
Home Address	Street				N.									
	City				ZIP									
E-mail			Phone											
Student Course	<input type="checkbox"/> Master Degree		<input type="checkbox"/> Doctorate Degree											
Current Degree Program	[Titolo del Corso di Laurea o Dottorato]													
Foreign Language Competence Level:														
in _____	A1	<input type="checkbox"/>	A2	<input type="checkbox"/>	B1	<input type="checkbox"/>	B2	<input type="checkbox"/>	C1	<input type="checkbox"/>	C2	<input type="checkbox"/>	Native speaker	<input type="checkbox"/>
in _____	A1	<input type="checkbox"/>	A2	<input type="checkbox"/>	B1	<input type="checkbox"/>	B2	<input type="checkbox"/>	C1	<input type="checkbox"/>	C2	<input type="checkbox"/>	Native speaker	<input type="checkbox"/>

Sending Institution

Name					
City			Country		
Department/Unit					
Responsible person ² :					
Name			Position		
E-mail			Phone		
Contact for administration ³ :					
Office					
Name			Position		
E-mail			Phone		

¹ As indicated in Passport

² The person who can authorize the mobility activity, normally the Project Responsible (Responsabile Scientifico) or the Head of Department/Unit

³ The person in the international office or other administration office in charge of international mobility



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dell'Università
e della Ricerca



Italiadomani
PIANO NAZIONALE
DI RIPRESA E RESILIENZA



Developing
Shared
Knowledge

Receiving Institution

Name			
City		Country	
Department/Unit			
Responsible person ⁴ :			
Name		Position	
E-mail		Phone	
Contact for the activity ⁵ :			
Name		Position	
E-mail		Phone	
Contact for administration ⁶ :			
Name		Position	
E-mail		Phone	

Planned period of activity

First day of activity	
Last day of activity	
Duration (number of months)	

Please fill in the dates and duration of the activity not including travel days, i.e. the date of arrival at the receiving university, the date of departure from it and the corresponding duration. Duration of the activity must be between 2 and 6 months. Activity must be continuous and suspension periods are not allowed.

Objectives of Activity

⁴ the Head the receiving Department/Unit

⁵ The person in the receiving Department/Unit who will host the mobility activity

⁶ The person in the international office or other administration office in charge of international mobility in the receiving Institution



Considering that the general goal of the TNE program is to promote cooperation among universities aimed at fostering their internationalization and at transferring interdisciplinary and intercultural knowledge through transnational educational programs, **describe the objectives of the activity in relation to the specific goals of the TNE project**

By signing⁷ this document, the three parties approve the proposed activity project.

The Candidate

Name:

Signature:

Date:

The Sending Institution

Name of the responsible person⁸:

Stamp and Signature:

Date:

The Receiving Institution

Name of the responsible person⁸:

Stamp and Signature:

Date:

⁷ Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures are accepted.

⁸ Responsible person detailed on the previous page