**Authorization to take exams abroad after termination of Erasmus mobility period**

Please fill in using block letters and print

ACADEMIC YEAR 20     /20

The undersigned,

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| --- |
| Name of Student:     Bicocca Student e-mail:      @campus.unimib.itDepartment:       Field of study:       |

requires authorization from the University of:

|  |
| --- |
| Sending institution:      Country:       Erasmus Contact e-mail:      |

to take the following examinations:

after finishing his/her Erasmus period.

The undersigned declares also that he/she is aware that:

- he/she will not receive any grant or contribution in order to carry out the above;

- he/she is insured against accident and third party liability abroad during the period indicated above;

- he/she will only take the exams indicated in the learning agreement approved for the current academic year

Date      Student’s signature…………………………………………………………

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| **RESERVED FOR SENDING INSTITUTION**We confirm that the present form is approved. |
| Departmental coordinator’s signature......................................................................................Date:................................................... | Stamp |

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| **RESERVED FOR UNIVERSITY OF MILANO BICOCCA** We confirm that the present form is approved. |
| Departmental coordinator’s signature......................................................................................Date:................................................... | Stamp |

*Please send the signed document to incoming.erasmus@unimib.it*