**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,

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

requires authorization to go to

|  |
| --- |
| Receiving 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…………………………………………………………

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

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

*Please send the signed document to* [*outgoing.erasmus@unimib.it*](mailto:outgoing.erasmus@unimib.it)