

**AGREEMENT OF POSTGRADUATE TRAINING PROGRAMMES EXCHANGES**

THE UNIVERSITY OF CATANIA

Address: Piazza Università 2, 95124, Catania, Italy  
represented by its Rector

AND

Name of the institution .....

Address: .....

represented by (name and position of the legal representative) .....

.....

agree to implement an exchange period for the following specialization school candidate:

Name and surname .....

Born on ...../...../..... in .....

Nationality: .....

Specialization school in.....

**Article 1**

1. The....., Dept. of .....  
will host Dr ..... as visiting student to carry out part of his/her  
practical activities within its premises from ...../...../..... to ...../...../.....
2. The supervisor for the University of Catania is.....
3. The supervisor for the partner university is .....
4. The activity will focus on.....  
.....

**Article 2**

All expenses connected to the mobility period including costs related to accident insurance and civil liability insurance, are covered by the hosting university

**Article 3**

Any issue connected to Intellectual property and the exploitation of the results of the practical activity will be regulated in accordance with the rules governing Intellectual property at both institutions.

**Article 4**

The partner institutions shall use their best effort to settle any dispute arising in connection with this agreement on an amicable basis.

<p>For the University of Catania</p> <p>The Rector</p> <p>.....</p> <p>.....</p> <p>(Signature)</p>  <p>(seal of the institution)</p> <p>Place and Date:</p>	<p>For the .....</p> <p>Legal representative</p> <p>.....</p> <p>.....</p> <p>(Signature)</p>  <p>(seal of the institution)</p> <p>Place and Date:</p>
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<p>The departmental supervisor at the University of Catania</p> <p>Prof. ....</p> <p>Date:</p>	<p>The departmental supervisor at the sending institution</p> <p>Prof. ....</p> <p>Date:</p>
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The visiting student's signature: