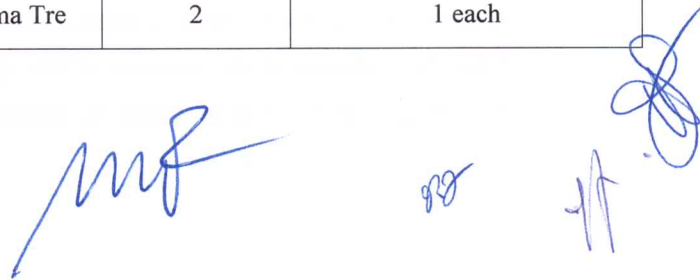


**STUDENT MOBILITY AGREEMENT**

BETWEEN THE DEPARTMENT OF EDUCATION SCIENCE, ROMA TRE UNIVERSITY (ROMA TRE)	
Academic reference person (name, address, telephone number, fax, email)	<p>Prof. Paolo Di Rienzo; 20 <i>Via del Castro Pretorio</i>, 00184 Rome, Italy; +39 06 57339286; &lt;paolo.dirienzo@uniroma3.it&gt;</p> <p>Prof. Massimo Margottini; 20 <i>Via del Castro Pretorio</i>, 00184 Rome, Italy; +39 06 57332977; &lt;massimo.margottini@uniroma3.it&gt;</p> <p>Prof. Concetta La Rocca; 20 <i>Via del Castro Pretorio</i>, 00184 Rome, Italy; +39 06 57332977; &lt;concetta.larocca@uniroma3.it&gt;</p>
Administrative reference person (name, address, telephone number, fax, email)	Ms. Patrizia Massucci; 20 <i>Via Castro Pretorio</i> 00185 Rome, Italy; + 39 06 57339203; <direttore.scienzeformazione@uniroma3.it>
AND THE FEDERAL UNIVERSITY OF SÃO CARLOS (UFSCar), FOR THE INTEREST OF ITS UNDERGRADUATE MAJORS ON PEDAGOGY, SÃO CARLOS CAMPUS, AND ON PHYSICAL EDUCATION	
Academic reference person (name, address, telephone number, fax, email)	<p>Prof. Aline Sommerhalder, Ph.D.; 235 km Washington Luís highway 13565-905 São Carlos, state of São Paulo, Brazil; +55 16 3351 1544 / +55 16 3351 1546; &lt;sommeraline1@gmail.br&gt;</p> <p>Prof. Fernando Donizete Alves, Ph.D.; 235 km Washington Luís highway 13565-905 São Carlos, state of São Paulo, Brazil; +55 16 3351 1544 / +55 16 3351 1546; &lt;alves.sommer@gmail.com&gt;</p> <p>Prof. Jarina Rodrigues Fernandes, Ph.D.; 235 km Washington Luís highway 13565-905 São Carlos, state of São Paulo, Brazil; +55 16 3351 1544 / +55 16 3351 1546; &lt;jarinarf@gmail.com&gt;</p>
Administrative reference person (name, address, telephone number, fax, email)	Mrs. Maria Estela Antonioli Pisani Canevarolo; 235 km Washington Luís highway 13565-905 São Carlos, State of São Paulo, Brazil; +55 16 33518402; <estela-srinter@ufscar.br>, <srinter@ufscar.br>

**NUMBER OF STUDENTS**

Cycle/level or degree		Flow		Number	Total
I cycle/level	II cycle/level	From	To	Students	Semesters
Undergraduate degree					
Yes	Yes	Roma Tre	UFSCar	2	1 each
Yes	Yes	UFSCar	Roma Tre	2	1 each



## SELECTION

The students, nominated by *ad hoc* committees of the Departments involved, will be admitted to pursue the courses described in the Learning Agreement negotiated and approved by the parties involved (enclosure A of this student mobility agreement).

## EXCHANGE TERMS AND CONDITIONS

Both parties commit to certificate course frequency and exams, to recognise the studies and the credits pursued by students in the receiving university, in compliance with their respective rules and procedures, as well as to grant access to the students to all services and facilities generally offered to their own regular students. Both parties agree to waive tuition fees, as well as any other tax or fee connected to the courses attended.

Participating students of both parties shall be subject to the rules and regulations of the receiving university during the time they are enrolled, as well as to the immigration law of the receiving country. Medical assistance as well as health and accident insurance will be dealt with in accordance to the legislations of the countries involved. Both parties commit to verify the existence of basic insurance and assistance related coverage. If medical assistance or health and accident insurance are not regulated by international agreements among the countries involved, each student participating in programs under this agreement shall be required by his or her university to purchase sufficient health and accident insurance, featuring coverage for medical and mortal remains repatriation, for the duration of his or her participation.

Fees not specifically covered by this agreement, and the cost of housing and meals, shall be borne by the students themselves.

Exchange students will not be eligible to degree or diploma issued by the receiving institution.

## ACADEMIC YEAR

	1° SEM./TRI./QUADR.	2° SEM./TRI./QUADR.	3° SEM./TRI./QUADR.	4° SEM./TRI./QUADR.
ROMA TRE	October-January	March-July	–	–
UFSCar	March-July	August-December	–	–

## EVALUATION AND GRADING SYSTEM

Universities in Italy use a 30-point scale simply divided in two: non passing (0 to 17), and passing grades (18 to 30 *cum laude*).

UFSCar uses a 10-point scale simply divided in three: failed (0 to 4.9), under Complementary Assessment Process (5 to 5.9) and approved (6 to 10).

## DURATION, TERMINATION, RENEWAL

This executive protocol will be in effect for five (5) years once signed by both parties.

After the evaluation of the outcomes of this agreement it can be renewed for following academic years. Variations and changes can be made in writing by mutual agreement of the parties. The termination of the agreement must be

communicated in written by one of the parties three (3) months prior to the expiry date, along with return receipt, and shall have no effect on ongoing activities until their conclusion.

This agreement is drawn up in six copies, two in Italian, two in English and two in Portuguese, each of these texts being equally authentic. Enclosures A is an integral part of this agreement, and it will be filled in by the students who intend to participate in the exchange. Both parties will receive a copy in each language.

All misinterpretations will be settled by mutual consent.

The Director of the Department of Education Science  
Roma Tre University

Prof. Massimiliano Fiorucci



The Rector of the  
Federal University of São Carlos

  
Prof. Wanda Aparecida Machado Hoffmann, Ph.D.

The Coordinator of the Undergraduate Major on  
Pedagogy, São Carlos campus  
Federal University of São Carlos

  
Prof. Vinício Carrilho Martinez, Ph.D.

The Coordinator of the Undergraduate Major on  
Physical Education  
Federal University of São Carlos

  
Prof. Fernando Donizete Alves, Ph.D.

Rome, 09/12/2019

São Carlos, 09 out 2019





**ENCLOSURE A: LEARNING AGREEMENT**

Academic year...../.....

Surname (Family name)	
Name	
Email	
Home Institution	
Country	
Matriculation/registration number	
Receiving institution	
Country	
Matriculation/registration number	
Period abroad	

Name of the course in the home institution	Credits/CFU	Code of the course at the home institution	Correspondent course at the receiving institution	Credits/CFU	Code of the course at the receiving institution

Student's signature:

Date:

HOME INSTITUTION	RECEIVING INSTITUTION
We confirm that this proposed learning agreement is approved.	We confirm that this proposed learning agreement is approved.
Signature _____ DATE: _____	Signature _____ DATE: _____