

## LEARNING AGREEMENT FOR STUDIES

### The Student

Last name (s)		First name (s)	
Date of birth		Nationality	
Sex [M/F]		Academic year	20../20..
Study cycle		Subject area, Code	
Phone		E-mail	

### The Sending Institution

Name		Faculty	
Department			
Address		Country, Country code	
Contact person name		Contact person e-mail / phone	

### The Receiving Institution

Name		Faculty	
Department			
Address		Country, Country code	
Contact person name		Contact person e-mail / phone	

## Section to be completed BEFORE THE MOBILITY

### I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from [month/year] ..... till [month/year] .....

Table A: Study programme abroad

Component code (if any)	Component title (as indicated in the course catalogue) at the receiving institution	Semester [autumn / spring] [or term]	Number of ECTS credits to be awarded by the receiving institution upon successful completion
			Total: .....

**Web link to the course catalogue at the receiving institution describing the learning outcomes:**

[Web link(s) to be provided.]

Table B: Group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad  
 NB no one to one match with Table A is required. Where all credits in Table A are recognised as forming part of the programme at the sending institution without any further conditions being applied, Table B may be completed with a reference to the mobility window (see guidelines).

Component code (if any)	Component title (as indicated in the course catalogue) at the sending institution	Semester [autumn / spring] [or term]	Number of ECTS credits
			Total: .....

**If the student does not complete successfully some educational components, the following provisions will apply:**

[Please, specify or provide a web link to the relevant information.]

#### Language competence of the student

The level of language competence in [the main language of instruction] that the student already has or agrees to acquire by the start of the study period is:

A1  A2  B1  B2  C1  C2

**II. RESPONSIBLE PERSONS**

<b>Responsible person in the sending institution:</b>	
Name:	Function:
Phone number:	E-mail:

<b>Responsible person in the receiving institution:</b>	
Name:	Function:
Phone number:	E-mail:

**III. COMMITMENT OF THE THREE PARTIES**

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties.

The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.

The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties.

The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period.

<b>The student</b>	
Student's signature	Date:

<b>The sending institution</b>	
Responsible person's signature	Date:

<b>The receiving institution</b>	
Responsible person's signature	Date:

## Section to be completed DURING THE MOBILITY

### CHANGES TO THE ORIGINAL LEARNING AGREEMENT

#### I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

Table C: Exceptional changes to study programme abroad or additional components in case of extension of stay abroad

Component code (if any) at the receiving institution	Component title (as indicated in the course catalogue) at the receiving institution	Deleted component <i>[tick if applicable]</i>	Added component <i>[tick if applicable]</i>	Reason for change	Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
					Total: .....

The student, the sending and the receiving institutions confirm that they approve the proposed amendments to the mobility programme.

Approval by e-mail or signature of the student and of the sending and receiving institution responsible persons.

<p><b>The student</b></p> <p>Student's signature <span style="float: right;">Date:</span></p>
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<p><b>The sending institution</b></p> <p>Responsible person's signature <span style="float: right;">Date:</span></p>
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<p><b>The receiving institution</b></p> <p>Responsible person's signature <span style="float: right;">Date:</span></p>
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**II. CHANGES IN THE RESPONSIBLE PERSON(S), if any:**

**New responsible person in the sending institution:**

Name:

Function:

Phone number:

E-mail:

**New responsible person in the receiving institution:**

Name:

Function:

Phone number:

E-mail:

**BILATERAL CONTRACT**

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**BILATERAL CONTRACT**

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**BILATERAL CONTRACT**

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**BILATERAL CONTRACT**

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