

# LEARNING AGREEMENT FOR STUDIES

## The Student

Last name(s)		First name(s)	
Date of birth		Nationality <sup>1</sup>	
Sex [M/F]		Academic year	
Phone		E-mail	
Study cycle <sup>2</sup>		Subject area, <a href="#">Code</a> <sup>3</sup>	

## The Sending Institution

Name		Faculty	
Erasmus code (if applicable)		Department	
Address		Country, <a href="#">Country code</a> <sup>4</sup>	
Contact person <sup>5</sup> name		Contact person e-mail / phone	

## The Receiving Institution

Name		Faculty	
Erasmus code (if applicable)		Department	
Address		Country, <a href="#">Country code</a>	
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 \_\_\_\_\_ till \_\_\_\_\_

Table A: Study programme abroad

<b>Component<sup>6</sup> code</b> (if any)	Component title (as indicated in the course catalogue) <b>at the receiving institution</b>	<b>Semester</b> [autumn/spring/WS/SS][or term]	<b>Number of ECTS credits</b> to be awarded <b>by the receiving institution</b> upon successful completion
Total:			

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

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 recognized 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).

<b>Component<sup>6</sup> code</b> (if any)	Component title (as indicated in the course catalogue) <b>at the sending institution</b>	<b>Semester</b> [autumn/spring/WS/SS][or term]	<b>Number of ECTS credits</b>
Total:			

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

**Language competence of the student**

The [level of language](#) competence<sup>7</sup> in  
agrees to acquire by the start of the study period is:

that the student already has or

A1    A2    B1    B2    C1    C2

**II. RESPONSIBLE PERSONS****Responsible Person<sup>8</sup> in the sending institution:**

Name \_\_\_\_\_ Function: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Responsible Person<sup>9</sup> in the receiving institution:**

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. Sending and receiving institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the interinstitutional agreement for institutions located in partner countries).

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.

**The student:**

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The sending institution:**

Responsible person's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The receiving institution:**

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 <sup>10</sup>	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"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<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.

**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:

## Section to be completed AFTER THE MOBILITY

### RECOGNITION OUTCOMES

I. MINIMUM INFORMATION TO INCLUDE IN THE RECEIVING INSTITUTION'S TRANSCRIPT OF RECORDS

Start and end dates of the study period: from		till	
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 Table E: academic outcomes at the **receiving institution**

Component code (if any)	Component title (as indicated in the course catalogue) at the <b>receiving institution</b>	Was the <b>component successfully completed by the student? [Yes/No]</b>	Number of ECTS credits	Receiving institution grade
Total:				

*[Signature of the responsible person in the receiving institution and date]*

**RECOGNITION OUTCOMES**

## II. MINIMUM INFORMATION TO INCLUDE IN THE SENDING INSTITUTION'S TRANSCRIPT OF RECORDS

Start and end dates of the study period: from		till	
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 Table F: academic outcomes at the **sending institution**

Component code (if any)	Title of recognised component (as indicated in the course catalogue) <b>at the sending institution</b>	Number of ECTS credits	Sending institution grade, if applicable
Total:			

*[Signature of the responsible person in the sending institution and date]*