**International Mobility**

**LEArning agreement**

**Student**

|  |  |
| --- | --- |
| Last/family name |  |
| First name |  |
| Gender |  |
| Date and place of birth |  |
| Nationality |  |
| Address |  |

**Sending Institution**

|  |  |
| --- | --- |
| Institution |  |
| Department |  |
| Address |  |
| Contact person |  |
| Phone |  |
| E-Mail |  |

**Receiving Institution**

|  |  |
| --- | --- |
| Institution |  |
| Department |  |
| Address |  |
| Contact person |  |
| Phone |  |
| E-Mail |  |

**Current Studies (at Sending Institution)**

|  |  |
| --- | --- |
| Department |  |
| Study cycle |  |
| Study year |  |
| Duration of the Study Programme |  |
| ECTS obtained at the time of application |  |

**Study Programme at the Receiving Institution**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Course code | Course title | Semester | Number of ECTS credits |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total number of ECTS | | |  |

**Recognition at the Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Course code | Course title | Semester | Number of ECTS credits |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total number of ECTS | | |  |

|  |
| --- |
| Student’s signature: Place and date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Sending INSTITUTION**

We confirm that the proposed programme of learning agreement is approved and will be recognized at our university once the student returns from his/her mobility.

|  |
| --- |
| Academic Coordinator: Director of the Institution:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**RECEIVING INSTITUTION** (signatures to be obtained after the beginning of mobility)

We confirm that the proposed programme of learning agreement is part of the curriculum at our university and these courses/modules can be offered to the student.

|  |
| --- |
| Academic Coordinator: Contact person:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CHANGES TO LEARNING AGREEMENT** (to be filled ONLY if appropriate)

**LIST OF DELETED COURSES**

|  |  |  |  |
| --- | --- | --- | --- |
| Course code | Course title | Semester | Number of ECTS credits |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**LIST OF ADDED COURSES**

|  |  |  |  |
| --- | --- | --- | --- |
| Course code | Course title | Semester | Number of ECTS credits |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Student’s signature: Place and date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Sending INSTITUTION**

We confirm that the proposed programme of learning agreement is approved and will be recognized at our university once the student returns from his/her mobility.

|  |
| --- |
| Academic Coordinator: Director of the Institution:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**RECEIVING INSTITUTION** (signatures to be obtained after the beginning of mobility)

We confirm that the proposed programme of learning agreement is part of the curriculum at our university and these courses/modules can be offered to the student.

|  |
| --- |
| Academic Coordinator: Contact person:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |