**LEARNING AGREEMENT**

……… semester of academic year 20…/…

**The student:**

|  |  |  |  |
| --- | --- | --- | --- |
| First and last name: |  | E-mail: |  |
| Field of study: |  | Study cycle: |  |

**The receiving institution and study program:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of the institution: | |  | | |
| Study programme (project, school, ...): | |  | | |
| Mobility period: | |  | | |
| **Course code** | **Course title** | | **ECTS credits** |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  | Total: | |  |

**Sending institution and the way of recognition:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of the institution: | |  | | |
| **Course code** | **Course title** | | **ECTS credits** |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  | Total: | |  |

**Commitment of parties:**

By signing this document, the parties confirm their approval with the Learning Agreement and their duty to ensure all the arrangements required to fulfil the Learning Agreement. Any changes or barriers to fulfilment of the Learning Agreement will be immediately communicated to all parties.

**Student:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Signature: |  |
| Date: |  |

**Responsible person in the sending institution** (person authorised to recognised the courses)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Function: |  |
| E-mail: |  | Signature: |  |
| Date: |  |

**Responsible person in the receiving institution** (person arranging the courses, organiser of summer school, …)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Function: |  |
| E-mail: |  | Signature: |  |
| Date: |  |