

LEARNING AGREEMENT

Institution Name: _____

Student Name: _____

Personal Information:

Date of Birth: _____

Nationality: _____

Home Institution: _____

Receiving Institution Information:

Institution Name: _____

Institution Address: _____

Contact Person: _____

Study Programme and Duration:

Field of Study / Department: _____

Level of Study: _____

Duration of Study Period: _____

Learning Programme:

List of Courses / Training Activities (if applicable):

Course Code	Course Title	Credits	Semester / Period

Responsibilities and Approvals:

The Home Institution undertakes to recognise the credits successfully achieved by the student during the mobility period and to ensure that the student will be duly informed about the recognition procedures. The Receiving Institution agrees to accept the student and ensure the delivery of the learning programme as specified above. Both institutions agree to provide necessary support to the student during the mobility period.

Signatures:

Student's Signature

Home Institution Representative

Receiving Institution Representative

Signature: _____

Signature: _____

Signature: _____

This Learning Agreement is subject to the laws of the United Kingdom. The parties agree that any dispute arising under or in connection with this Agreement shall be subject to the exclusive jurisdiction of the courts of England and Wales. This Agreement represents the entire understanding between the parties with respect to the described exchange period and supersedes all prior agreements and understandings.

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