4EU+ Learning Agreement



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(Short Term, Blended and Virtual Mobilities)

**General Information**

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| --- | --- | --- | --- | --- | --- |
| **STUDENT** | **Last Name(s)** | **First Name(s)** | | **Date of Birth** | **Email Address** |
|  |  | |  |  |
| **Gender** | | | | **Citizenship** |
| * Male ☐ Female ☐ Diverse | | | | * EU ☐ non-EU |
| **Study Cycle** | **Study Programme** | | | **Student Number** |
| * BA ☐ MA ☐PhD |  | | |  |
| **SENDING INSTITUTION** | **Name** | **Faculty/ Department** | | **Contact Person’s Name, Position and Email Address1** | |
|  |  | |  | |
| **RECEIVING INSTITUTION** | **Name** | **Faculty/ Department** | | **Contact Person’s Name, Position and Email Address** | |
|  |  | |  | |
| **DATES** | Planned period of the study programme /mobility: from DD/MM/YY to DD/MM/YY. | | | | |
| **MOBILITY TYPE** | * Short Term mobility (physical) | | * Blended Mobility (online + physical) | * Virtual Mobility (online) | |

**Course Information**

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| --- | --- | --- | --- | --- | --- |
| **RECEIVING INSTITUTION** | | | | **SENDING INSTITUTION** | |
| **Course Unit Title / Activity** | **Course Code** | **ECTS** | **Language of Instruction** | **Course Unit Title Equivalent (if applicable)** | **Form of recognition (ECTS or other)** |
|  |  |  |  |  |  |

**Declarations and signatures**

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| --- | --- |
| **The STUDENT commits to:**  Attend the course(s) described in this learning agreement; comply with its arrangements (course attendance, exam completion etc.) and abide by the rules and regulations of the receiving institution. | **The SENDING INSTITUTION commits to:**  Approve the course selection and the proposed learning agreement, recognise successfully completed courses through any form it deems adequate. Recognition can include, but is not restricted, to granting a certificate of completion and/or acknowledging the ECTS gained by the student and counting them towards their degree. |
| Signed in *(city, country)*  On *(date)* By *(name)* Signature | Signed in *(city, country)*  On *(date)*  By *(Academic Coordinator’s name)*  Signature and stamp |

1 Contact person: departmental coordinator or staff member of the international office who can provide administrative information about the study programme.