LEARNING AGREEMENT

**for Undergraduate and Master exchange Grantees**

**ACADEMIC YEAR 20.../20... - FIELD OF STUDY: ...........................**

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| Name of student: Home institution and Country: Host institution and Country:    |

DETAILS OF THE PROPOSED LEARNING AGREEMENT

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| **COURSES AT HOST INSTITUTION** | **COURSE EQUAVILENCE AT HOME INSTITUTION** |
| Course unit title | Course unit code (if any) | Number of ECTS credits | Course unit title | Course unit code (if any) | Number of ECTS credits |
|        |       |        |       |       |       |

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| Student’s signature:   Date:       |

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| **HOME INSTITUTION**We confirm that the proposed programme of study/learning agreement is approved. |
| Coordinator at Faculty/Department Level:       Signature:       Date:        | Local HUMERIA Coordinator      Signature:       Date:        |

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| **HOST INSTITUTION** We confirm that this proposed programme of study/learning agreement is approved. |
| Coordinator at Faculty/Department Level:       Signature:       Date:        | Local HUMERIA Coordinator       Signature:       Date:        |

**CHANGES TO PROPOSED LEARNING AGREEMENT**

(to be filled in ONLY if appropriate)

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| **COURSES AT HOST INSTITUTION** | **COURSE EQUAVILENCE AT HOME INSTITUTION** |
| Course unit title | Course unit code (if any) | Number of ECTS credits | Deleted courseunit | Added courseunit | Course unit title | Course unit code (if any) | Number of ECTS credits |
|       |       |       | 🞏🞏🞏🞏🞏🞏🞏🞏 | 🞏🞏🞏🞏🞏🞏🞏🞏 |       |       |       |

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| Student’s signature:       Date:        |

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| **HOME INSTITUTION**We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved. |
| Coordinator at Faculty/Department Level:       Signature:       Date:        | Local HUMERIA coordinator      Signature:       Date:        |

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| **HOST INSTITUTION**We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved. |
| Coordinator at Faculty/Department Level:       Signature:       Date:        | Local HUMERIA coordinator      Signature:       Date:        |