

## **4EU+ Learning Agreement**

# (Short Term, Blended and Virtual Mobilities)

#### **General Information**

STUDENT	Last Name(s)	First Name(s)	Date of Birth	Email Address		
		Citizenship				
	🗆 Male	□ Female □ Diverse		🗆 EU 🛛 non-EU		
	Study Cycle	Study Progra	mme	Student Number		
	🗆 BA 🗌 MA 🗌 PhD					
SENDING INSTITUTION	Name	Faculty/ Department	Contact Person's Name, Position and Email Address <sup>1</sup>			
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**

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**

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.	<b>The SENDING INSTITUTION commits to:</b> 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)	Signed in (city, country) On (date) By (Academic Coordinator's name)
Signature	Signature and stamp

<sup>&</sup>lt;sup>1</sup> Contact person: departmental coordinator or staff member of the international office who can provide administrative information about the study programme.