**SOCIAL COMPETENCE MOBILITY GRANT**

**LEARNING AGREEMENT**

**Academic Year 2019/2020**

**Study period: from ……….. to …………… Field of study: .........................……….**

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| Name of student: .........................................................................................................................................  Sending institution:................................................................. Country: ............................................... |

# DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

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| Receiving institution: ........................................................…. Country: .................................................. |

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| Course unit code (if any) and page no. of the course catalogue  .................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................. .....................................................  ..................................................... | Course unit title (as indicated in the course catalogue)  ..............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  if necessary, continue the list on a separate sheet | Number of ECTS credits  (if applicable)  ........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ |

Fair translation of grades must be ensured and the student has been informed about the methodology.

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| Student’s signature: …......................................................................... Date: .................................................. |

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| **SENDING INSTITUTION**  We confirm that the proposed programme of study/learning agreement is approved. | |
| Date: ...................................................…….  Place: ………………………………………….  Responsible person’s signature:  ...............................................................….. |  |

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| **RECEIVING INSTITUTION**  We confirm that this proposed programme of study/learning agreement is approved. | |
| Date: ...................................................…….  Place: …………………………………………  Responsible person’s signature:  ...............................................................….. |  |

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| Name of student: .............................................................................................................................................................  Sending institution: ............................................................ Country: ....................................... |

## CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

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| --- | --- | --- | --- | --- |
| Course unit code  (if any) and page no. of the course catalogue  ............................  ............................  ............................  ............................  ............................  ............................  ............................  ........................…  ............................  ............................ | Course unit title (as indicated in the course catalogue)    ..........................................  ..........................................  ..........................................  .........................................  ..........................................  ..........................................  ..........................................  ..........................................  ..........................................  .......................................... | Deleted  course  unit    🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | Added  course  unit    🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | Number of  ECTS credits  (if applicable)  .....................  .....................  .....................  .....................  .....................  .....................  .....................  .....................  .....................  ..................... |

if necessary, continue this list on a separate sheet

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| Student’s signature:....................................................................... Date:......................…........... |

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| **SENDING INSTITUTION**  We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved. | |
| Date: ...................................................…….  Place: …………………………………………  Responsible person’s signature:  ...............................................................….. |  |

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| **RECEIVING INSTITUTION**  We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved. | |
| Date: ...................................................…….  Place: …………………………………………  Responsible person’s signature:  ...............................................................….. |  |

Please note: The document is only valid once sending and receiving institutions have signed and stamped the Learning Agreement. The International Office is **NOT** considered your sending institution! Please submit the Learning Agreement to your **faculty at HHU** and have it signed and stamped there.

Thank you!