 **LEARNING AGREEMENT**

###### ACADEMIC YEAR: ………….

###### STUDY PERIOD: from ……….. to ……………

###### FIELD OF STUDY:

|  |
| --- |
| **Name of student:** ………………………… **Student’s e-mail address**:…………..@..........  **Sending Institution: GHENT UNIVERSITY Country: BELGIUM** |

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| --- | --- | --- | --- | --- |
| **Exchange Programme Type *(please tick one)*** | | | | |
| 0 Erasmus Belgica | 0 EU-Canada | 0 Flemish Community Agreements | | |
| 0 Ghent University Institutional Agreements | | 0 Erasmus Mundus Action 2 | | 0 EU-USA Atlantis |
| 0 Individual contacts between professors | | 0 IAESTE | 0 EU-ICI ECP (AU, JP, NZ, KR) | |
| 0 Science without Borders (BR) | | 0 Asem-Duo | 0 Other, please specify | |

#### **DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT**

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| **Receiving institution**: **Country**: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course unit code** | **Course unit title (as indicated in the course catalogue)** | **Semester**  **(1/2)** | **Number of ECTS credits** |
| ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | ……………………………………………………………………………………………………………………………………………………………… | …………………………………………………………………………………………………………………………………….. |

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

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| **SENDING INSTITUTION** We confirm that the learning agreement is accepted.  **Departmental coordinator**  Name:  Signature : Date:  **Faculty Coordinator**  Name:  Signature : Date:  **Institutional coordinator**  Name: p.p. Ms. Kelly Van Malderen  Signature: Date: | **RECEIVING INSTITUTION** We confirm that the learning agreement is accepted.  **Departmental coordinator**  Name:  Signature : Date:  **Institutional Coordinator**  Name:  Signature: Date: |



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| **Name of student:** ………………………………………………………………………………………………  **Sending Institution: GHENT UNIVERSITY Country: BELGIUM** |

#### **CHANGES TO ORIGINAL LEARNING AGREEMENT**

#### **(to be filled in ONLY if appropriate)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course unit code**  ………………………………………………………………………………………………………………………………………………………………………………………… | **Course unit (as indicated in the course catalogue)**  ..............................................................................  …………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | **Deleted**  **course**  **unit** | **Added**  **course**  **unit** | **Number of ECTS credits**  ……………………………………………………………………………………………………………………………………………………………………………………………………………… |

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 accepted learning agreement are approved.  **Departmental coordinator Institutional coordinator**  Name: Name: p.p. Ms. Kelly Van Malderen  Signature: Signature:  Date: Date: |

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| --- |
| **RECEIVING INSTITUTION** We confirm that the above-listed changes to the initially accepted learning agreement are approved.  **Departmental coordinator Faculty coordinator Institutional coordinator**  Name: Name: Name:  Signature: Signature: Signature:  Date: Date : Date: |