 **LEARNING AGREEMENT**

###### ACADEMIC YEAR: ………….

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

###### FIELD OF STUDY:

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| --- |
| **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**:  |

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| --- | --- | --- | --- |
| **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 MalderenSignature: 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 MalderenSignature: 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: |