**LEARNING AGREEMENT FOR STUDIES**

**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date of birth |  | Nationality |  |
| Sex [*M/F*] |  | Academic year | 20../20.. |
| Phone |  | E-mail |  |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Faculty |  |
| Address |  | Department |  |
| Website |  | Country |  |
| Contact person’s name and position |  | Contact person’s e-mail / phone |  |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Centria University of Applied Sciences | Study Field | Choose an item. |
| Address | Talonpojankatu 2  67100 Kokkola | Country | Finland |
| Contact person’s name and position | Gellert Szarvas  International Relations Coordinator | Contact person’s e-mail / phone | [gellert.szarvas@centria.fi](mailto:gellert.szarvas@centria.fi)  +358504767046 |

#### **Section to be completed BEFORE THE MOBILITY**

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from Click here to enter a date. till Click here to enter a date.

Table A: Study programme abroad (If necessary, add more rows to the tables)

|  |  |  |  |
| --- | --- | --- | --- |
| **Code of the course (if any)** | **Name of the course (as indicated in the course catalogue) at the receiving institution** | **Semester [autumn / spring] [or term]** | **Number of ECTS credits to be awarded by the receiving institution upon successful completion** |
|  |  |  |  |
|  |  |  |  |
|  |  |  | Total: Click here to enter text. |

**Web link to the course catalogue at the receiving institution describing the learning outcomes:**

|  |
| --- |
| *[Web link(s) to be provided.]* |

|  |
| --- |
| **Language competence of the student**  The level of language competence in Click here to enter text. that the student already has or agrees to acquire by the start of the study period is:  A1  A2  B1  B2  C1  C2 |

**II. RESPONSIBLE PERSONS**

|  |
| --- |
| **Responsible person in the sending institution:**  Name: Click here to enter text. Function: Click here to enter text.  Phone number: Click here to enter text. E-mail: Click here to enter text. |

|  |
| --- |
| **Responsible person in the receiving institution:**  Name: Click here to enter text. Function: Click here to enter text.  Phone number: Click here to enter text. E-mail: Click here to enter text. |

**III. COMMITMENT OF THE THREE PARTIES**

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties.

The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.

The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree.

The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period.

|  |
| --- |
| **The student**  Student’s signature Date: |

|  |
| --- |
| **The sending institution**  Responsible person’s signature Date: |

|  |
| --- |
| **The receiving institution**  Responsible person’s signature Date: |

**Section to be completed DURING THE MOBILITY**

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

#### **I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME**

Table B: Exceptional changes to study programme abroad or additional components in case of extension of stay abroad (If necessary, add more rows to the tables)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Code of the course (if any) at the receiving institution** | **Name of the course (as indicated in the course catalogue) at the receiving institution** | **Deleted component**  ***[tick if applicable]*** | **Added component**  ***[tick if applicable]*** | **Reason for change** | **Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component** |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  | | | | | Total: ………… |

The student, the sending and the receiving institutions confirm that they approve the proposed amendments to the mobility programme.

Approval by e-mail or signature of the student and of the sending and receiving institution responsible persons.

#### **II. CHANGES IN THE RESPONSIBLE PERSON(S), if any:**

|  |
| --- |
| **New responsible person in the sending institution:**  Name: Function:  Phone number: E-mail: |

|  |
| --- |
| **New responsible person in the receiving institution:**  Name: Function:  Phone number: E-mail: |

**III. COMMITMENT OF THE THREE PARTIES**

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Changes to the Original Learning Agreement and that they will comply with all the arrangements agreed by all parties.

The receiving institution confirms that the educational components listed in Table B are in line with its course catalogue.

The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree.

The student and receiving institution will communicate to the sending institution any problems or further changes regarding the proposed and modified mobility programme, responsible persons and/or study period.

|  |
| --- |
| **The student**  Student’s signature Date: |

|  |
| --- |
| **The sending institution**  Responsible person’s signature Date: |

|  |
| --- |
| **The receiving institution**  Responsible person’s signature Date: |