

LEARNING AGREEMENT INTERNATIONAL

STUDIES MOBILITY – NORTH AMERICA

GENERAL INFORMATION

Student	
First name	
Last name	
Date of birth	
Nationality	
Study cycle	
Field of education	
Sending Institution	
Name	
Faculty/Department	
Country	
Administrative contact person (name & mail)	
Receiving Institution	
Name	
Faculty/Department	
Country	
Administrative contact person (name & mail)	
Mobility Duration	
Academic Year	
Start date	
End date	

STUDY PROGRAM

Study Program at Sending Institution			
Course Code	Course Title	Semester	Nº of ECTS (or equivalent)

Study Program at Receiving Institution			
Course Code	Course Title	Semester	Nº of ECTS (or equivalent)

COMMITMENT OF THE THREE PARTIES

Student	
Name	
E-mail	
Date	
Signature	
Sending Institution	
Name	
Position	
E-mail	
Date	
Signature	
Receiving Institution	
Name	
Position	
E-mail	
Date	
Signature	