**LEARNING AGREEMENT**

**For temporary mobility**

**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name(s) |  | First name (s) |  |
| Date of birth |  | Nationality |  |
| Academic year |  | Semester |  |
| Phone number |  | E-mail address |  |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Faculty |  |
| Address |  | Country |  |
| Contact person name |  | Contact persone-mail / phone |  |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Babeș-Bolyai University | Faculty |  |
| Address | Mihail Kogălniceanu Street, No. 1, Cluj-Napoca | Country | Romania |
| Contact person name |  | Contact persone-mail / phone |  |

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

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from [month/year] ……………, till [month/year] ……………

*Table A: Study programme*

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Course name at the receiving institution** | **Semester** | **No. of ECTS credits awarded by the receiving institution** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Total: |

*Table B: Group of courses in the student's degree that would normally be completed at the sending institution and which will be replaced by the courses studied at the receiving institution*

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Course name at the sending institution** | **Semester** | **No. of ECTS credits awarded by the sending institution** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Total:  |

Note: No one to one match with Table A is required. Where all credits in Table A are recognised as forming part of the programme at the sending institution without any further conditions being applied, Table B may be completed with a reference to the mobility window.

|  |
| --- |
| **Language competence of the student**The level of language competence in [the main language of instruction] that the student already has or agrees to acquire by the start of the study period is:A1 🞏 A2 🞏 B1 🞏 B2 🞏 C1 🞏 C2 🞏 |

**II. 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 as described in Table B. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties.

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**Name:Signature:Date: |

|  |
| --- |
| **Responsible person in the sending institution**Name:Signature:Date: |

|  |
| --- |
| **Responsible person in the receiving institution**Name:Signature:Date: |

**Section to be completed DURING THE MOBILITY**

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

#### *Table C: Exceptional changes to study programme abroad or additional components in case of extension of stay abroad*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Code at the receiving institution** | **Course name at the receiving institution** | **Deleted course*****[tick if applicable]*** | **Added component*****[tick if applicable]*** | **Reason for change** | **Course name at the receiving institution** |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  | Total:  |

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

|  |
| --- |
| **The student**Name:Signature:Date: |

|  |
| --- |
| **Responsible person in the sending institution**Name:Signature:Date: |

|  |
| --- |
| **Responsible person in the receiving institution**Name:Signature:Date: |