

## **LEARNING AGREEMENT FOR STUDIES**

### **The Student**

Last name (s)	First name (s)	
Date of birth	Nationality	
Sex [ <i>M/F</i> ]	Academic year	20/20
Study cycle	Subject area, Code <sup>1</sup>	
Phone	E-mail	

## **The Sending Institution**

Name	Faculty
Erasmus code (if applicable)	Department
Address	Country, Country code
Contact person name	Contact person e-mail / phone

### **The Receiving Institution**

Name	ESAAT	Faculty	DESIGN
Erasmus code (if applicable)	F ROUBAIX 09	Department	021
Address	539 avenue des Nations Unies 59100 ROUBAIX	Country, Country code	France FR
Contact person name	Sabine Bonnet	Contact person e-mail / phone	Sabine Bonnet Sabinebonnet@aol.com

1



I. PROPOSED MOBILITY PROGRAMME

Table A: Study programme abroad

Component code

(if any)

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

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

Component <sup>2</sup> code (if any)	Component title (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:	
Web link to the cou	rse catalogue at the receiving institu	tion describing	g the learning outcomes:	
[Web link(s) to be pr	rovided.] http://en.esaat-roubaix.com/tra	ainings.html		
	educational components in the s			
	he sending institution and which			
	natch with Table A is required. Wher			
	programme at the sending institution			
applied, Table B may be completed with a reference to the mobility window (see guidelines).				

Component title (as indicated in

the course catalogue) at the

sending institution

**Number of ECTS credits** 

Total: .....

Semester

[or term]

[autumn / spring]



http://en.esaat-roubaix.com/trainings.html
Language competence of the student
The level of language competence <sup>3</sup> in [the main language of instruction] that the student already has or agrees to acquire by the start of the study period is:
A1



### **II. RESPONSIBLE PERSONS**

Responsible person in the sending in	stitution:
Name:	Function:
Phone number:	E-mail:
Responsible person <sup>4</sup> in the receiving	institution:
Name:	Function:
Phone number:	E-mail:
III. COMMITMENT OF THE THREE PAR	TIES
institution confirm that they approve the will comply with all the arrangements a institutions undertake to apply all the p	the sending institution and the receiving proposed Learning Agreement and that they greed by all parties. Sending and receiving rinciples of the Erasmus Charter for Higher es (or the principles agreed in the interacted in partner countries).
The receiving institution confirms that the are in line with its course catalogue.	e educational components listed in Table A
institution for the successfully completed	gnise all the credits gained at the receiving educational components and to count them d in Table B. Any exceptions to this rule are Agreement and agreed by all parties.
	communicate to the sending institution any sed mobility programme, responsible persons
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

<u>Table C: Exceptional changes to study programme abroad or additional components in</u> case of extension of stay abroad

Component code (if any) at the receiving institution	Component title (as indicated in the course catalogue) at the receiving institution	Deleted component  [tick if applicable]	Added component  [tick if applicable]	Reason for change <sup>5</sup>	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 institu	ution:	
Name:	Function:	
Phone number:	E-mail:	



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

#### **RECOGNITION OUTCOMES**

# I. MINIMUM INFORMATION TO INCLUDE IN THE RECEIVING INSTITUTION'S TRANSCRIPT OF RECORDS

Start and end dates of the study period: from [day/month/year] till [day/month/year].

### Table E: academic outcomes at receiving institution

Component code (if any)	Component title (as indicated in the course catalogue) at the receiving institution	Was the component successfully completed by the student? [Yes/No]	Number of ECTS credits	Receiving institution grade
			Total:	

[Signature of responsible person in receiving institution and date]

# II. MINIMUM INFORMATION TO INCLUDE IN THE SENDING INSTITUTION'S TRANSCRIPT OF RECORDS

Start and end dates of the study period: from [day/month/year] till [day/month/year].

#### Table F: recognition outcomes at the sending institution

Component code (if any)	Title of recognised component (as indicated in the course catalogue) at the sending institution		Sending institution grade, if applicable
		Total:	

[Signature of responsible person in sending institution and date]

