

**LEARNING AGREEMENT FOR STUDIES****The Student**

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

**The Sending Institution**

Name		Faculty	
Erasmus code (if applicable)		Department	
Address		Country, Country code	
Contact person <sup>1</sup> name		Contact person e-mail / phone	

**The Receiving Institution**

Name	Lublin University of Technology	Faculty	
Erasmus code (if applicable)	PL LUBLIN03	Department	
Address	Ul. Nadbystrzycka 48D 20-618 Lublin	Country, Country code	PL, Poland
Contact person name	Monika Mazowiecka, MA	Contact person e-mail / phone	m.mazowiecka@pollub.pl  +48 5384790  Fax. +48 53 84 792

**BEFORE THE MOBILITY****STUDY PROGRAMME AT THE RECEIVING INSTITUTION**

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

**Table A: SELECTED COURSES AT THE RECEIVING INSTITUTION**

Component 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: .....

<sup>1</sup>**Contact person:** a person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or will work at the international relations office or equivalent body within the institution.



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

[Web link(s) to be provided.]

Table B: **RECOGNITION AT THE SENDING INSTITUTION**

Component code (if any)	Component title (as indicated in the course catalogue) at the sending institution	Semester [autumn / spring] [or term]	Number of ECTS credits
			Total: .....

**If the student does not complete successfully some educational components, the following provisions will apply:**

[Please, specify or provide a web link to the relevant information.]

**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

**RESPONSIBLE PERSONS**

**Responsible person in the sending institution:**

Name: \_\_\_\_\_ Function: \_\_\_\_\_  
Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Responsible person<sup>2</sup> in the receiving institution:**

Name: \_\_\_\_\_ Function: \_\_\_\_\_  
Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**COMMITMENT OF THE THREE PARTIES**

By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and Receiving Institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the Inter-Institutional Agreement for institutions located in Partner Countries). The Sending Institution and the student should also commit to what is set out in the Erasmus+ grant agreement. The Receiving Institution confirms that the educational components listed in Table A are in line with its course catalogue and should be available to the student. 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 the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period.

**The student**

Student's signature \_\_\_\_\_ Date: \_\_\_\_\_

**The sending institution**

Responsible person's signature \_\_\_\_\_ Date: \_\_\_\_\_

**The receiving institution**

Faculty Coordinator's signature \_\_\_\_\_ Date: \_\_\_\_\_

**The receiving institution**

V-ce Dean's signature \_\_\_\_\_ Date: \_\_\_\_\_

<sup>2</sup>**Responsible person in the receiving institution:** an academic who has the authority to approve the mobility programme of incoming students and is committed to give them academic support in the course of their studies at the receiving institution.



**DURING THE MOBILITY  
EXCEPTIONAL CHANGES TO TABLE A**

Table A2: Exceptional changes to study programme abroad or additional components in 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>3</sup>	Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
					Total: .....

**EXCEPTIONAL CHANGES TO TABLE B**

Table B2: Exceptional changes to study programme at home university

**<sup>3</sup>Reasons for exceptional changes to study programme abroad:**

*Reasons for deleting a component*

*Reason for adding a component*

- A1) Previously selected educational component is not available at receiving institution
- B1) Substituting a deleted component
- A2) Component is in a different language than previously specified in the course catalogue
- B2) Extending the mobility period
- A3) Timetable conflict
- B3) Other (please specify)
- A4) Other (please specify)



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>4</sup>	Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
					Total: .....

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

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

<b>New responsible person in the sending institution:</b>	
Name:	Function:
Phone number:	E-mail:

<b>New responsible person in the receiving institution:</b>	
Name:	Function:
Phone number:	E-mail:

**COMMITMENT OF THE THREE PARTIES - CHANGES TO ORIGINALLY APPROVED LEARNING AGREEMENT**

By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and Receiving Institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the Inter-Institutional Agreement for institutions located in Partner Countries). The Sending Institution and the student should also commit to what is set out in the Erasmus+ grant agreement. The Receiving Institution confirms that the educational components listed in Table A are in line with its course catalogue and should be available to the student. 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 the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period.

<b>The student</b>	
Student's signature	Date:

<b>The sending institution</b>
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**<sup>4</sup>Reasons for exceptional changes to study programme abroad:**

*Reasons for deleting a component*

*Reason for adding a component*

- A1) Previously selected educational component is not available at receiving institution
- B1) Substituting a deleted component
- A2) Component is in a different language than previously specified in the course catalogue
- B2) Extending the mobility period
- A3) Timetable conflict
- B3) Other (please specify)
- A4) Other (please specify)



Erasmus+

Higher Education  
Learning Agreement form  
*Student's name*

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Responsible person's signature	Date:
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<b>The receiving institution</b> Faculty Coordinator's signature	Date:	Date:
<b>The receiving institution</b> V-ce Dean's signature		Date:



**AFTER THE MOBILITY  
RECOGNITION OUTCOMES  
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].

**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]

**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].

**Recognition outcomes at the sending institution**

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

[Signature of responsible person in sending institution and date]