

Learning Agreement on Academic Mobility Programme

ACADEMIC YEAR: 20__ / 20__

STUDY PERIOD: from _____ to _____

FORM OF ACADEMIC MOBILITY (credit/ grade) _____

FINANCIAL TERMS OF PARTICIPATION IN THE PROGRAMME (full/ partial/ no financing) _____

DOCUMENT RECEIVED AFTER STUDY (Diploma/ Certificate/ Transcript of Records etc.)

Student's name, surname: _____
Address of residence: _____
Student's e-mail: _____
Contact phone: _____
Education level (Bachelor/ Master) _____
Major _____
Faculty/ Institution _____

Home Institution: Taras Shevchenko National University of Kyiv, 60 Volodymyrska Str., Kyiv, Ukraine, 01601

Departmental coordinator's contacts _____

Host Institution: _____

Country: _____

Departmental coordinator's contacts: _____

STUDY PROGRAMME

Study Programme in HOST Institution				Study Programme in HOME Institution			
Course unit code (if available)	Course unit title	ECTS credits	Semester	Course unit code (if available)	Course unit title	ECTS credits	Semester
Total ECTS:				Total ECTS:			

Student's signature _____ **Date** _____

HOME INSTITUTION**Taras Shevchenko National University of Kyiv****We confirm that the Learning Agreement is approved**

Vice-Rector for Academic Affairs _____ Andrii Gozhyk

Date _____

Stamp of Institution

Departmental coordinator's signature _____

HOST INSTITUTION**We confirm that the Learning Agreement is approved**

Departmental coordinator's signature _____

Date _____

Stamp of Institution

Institution's coordinator signature _____

Date _____

CHANGES TO STUDY PROGRAMME

Course unit code	Course unit title (as indicated in the course catalogue)	Deleted course (discipline)	Added course (discipline)	Number of ECTS credits

Student's signature _____ Date _____

HOME INSTITUTION**Taras Shevchenko National University of Kyiv****We confirm that the Learning Agreement is approved**

Vice-Rector for Academic Affairs _____ Andrii Gozhyk

Date _____

Stamp of Institution

Departmental coordinator's signature _____

HOST INSTITUTION**We confirm that the Learning Agreement is approved**

Departmental coordinator's signature _____

Date _____

Stamp of Institution

Institution's coordinator signature _____

Date _____