Learning Agreement
Academic Student Exchange Program

Photo

General information

I.	General information about the applicant as an academic exchange student	
Last name		
Middle name		
First name		
Gender (male/ female/undefined)		
Date of birth		
Place of birth		
Postal address		
Nationality		
Email		
Telephone number		
Level of English competence (A1, A2, B1, B2, C1, C2, Native speaker)		
Study cycle at the Sending Institution *(Please circle the applicable option)*	Year (1st year, 2nd year, 3rd year, 4th year, 5th year)	(Bachelor, master, doctoral degree)
Details about your study	Study program at the Sending Institution	Study program that you expect to get enrolled in the Receiving Institution
G.P.A		
II.	**Administrative contact person at the Sending institution**	
Last name/ middle name/first name	**Nguyen Thi Thuy Duong, Program Coordinator**	
Faculty/ department/ office	External Relations Office	
Name of sending institution	Ho Chi Minh City University of Technology (HCMUT)	
Email	inter@hcmut.edu.vn	
Telephone	+84-28-3865-2442	
City and country	Ho Chi Minh City, Vietnam	
III.	**Administrative contact person at the Receiving Institution (to be filled out by the Receiving Institution)**	
Last name/ middle name/first name	Assoc. Prof. Dr. Bao Quoc Ta	
Faculty/ department/ office	Faculty of Technology, Natural Sciences and Maritime Sciences,	
Name of receiving institution	University of South-Eastern Norway	
Email	Bao.Ta@usn.no	
Telephone	+47.359.528.02	
City and country	Norway	

Study program

Table A: Study Program at the Receiving Institution

Upon admission qualified being notified by the administrative contact person at the Receiving Institution, the applicant is requested to contact the responsible person for academic affairs at the Receiving Institution to fill out table A below.

No.	Course code	Name of course/ description of course	Semester & duration from (day/month/year) to (day/month/year)	Number of credits (or equivalent) to be awarded by the Receiving Institution upon successful completion
1				
2				
3				
4				
5				
6				

Table B: Recognition at the Sending institution

At the same time, the applicant should contact the responsible person for academic affairs at the Sending Institution to fill out Table B below.

No.	Course code	Name of course/ description of course	Semester & duration from (day/month/year) To (day/month/year)	Number of credits (or equivalent) to be recognized by the Sending Institution
1				
2				
3				
4				
5				
6				

Commitment of the three parties

While contacting the responsible person for academic affairs at both Receiving and Sending Institutions to fill out Table A and B above, the applicant is required to

(1) get the signatures on the areas for the responsible persons for academic affairs below,
(2) sign on the area for the applicant himself below and
(3) send a scanned file of this Learning Agreement to the email: inter@hcmut.edu.vn

Commitment	Full name	Email	Position	Date	Signature
Exchange Student/ applicant					
Responsible person for academic affairs at the Sending Institution					
Responsible person for academic affairs at the Receiving Institution					