

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: _____

TRAINING COURSE PROGRAMME

1.

2.

3.

4.

5.

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 _____