**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 _____