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: _____

_____

Country: _____

Departmental coordinator's contacts: _____

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

STUDY PROGRAMME

Course unit code	Course unit title (as indicated in the course catalogue)	Semester	Number of ECTS credits
Total:			

Student's signature_____ Date_____

HOST 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_____

HOME 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**_____

HOST INSTITUTION
Taras Shevchenko National University of Kyiv
We confirm that the Learning Agreement is approved
Vice-Rector for Academic Affairs _____Andrii Gozhyk
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Date _____