**SEMP – Swiss-European Mobility Programme**

**LEARNING AGREEMENT**

**ACADEMIC YEAR 2018/2019**

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| Name of student: ....................................................... Field of Study: ..............................................................Sending institution:...................................................................................... Faculty: .............................................. |

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT**

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| Receiving institution: .................................................................................. Country: ........................................... |

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| Course unit code (if any) and page no. of the information package......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................……………………........................................................ | Course unit title (as indicated in the information package) .....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................……………. | Number of ECTS credits...........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................……………..................................................... |

if necessary, continue the list on a separate sheet

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| Student’s signature: Date:  ………………………………………………… …………………………………………. |

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| **SENDING INSTITUTION**We confirm that the proposed programme of study/learning agreement is approved. |
| Responsible person at the faculty (Vice-deanfor studies)...........................................................................Date: ................................................................. | Institutional coordinator’s signature...............................................................................................Date: .............................................................................. |

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| **RECEIVING INSTITUTION**We confirm that this proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s signature...........................................................................Date: ................................................................ | Institutional coordinator’s signature...............................................................................................Date: .............................................................................. |

**SEMP – Swiss-European Mobility Programme**

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**ACADEMIC YEAR 2018/2019**

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| Name of student: ...........................................................................................................................................................Sending institution:...................................................................................... Country: .............................................. |

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**

(to be filled in ONLY if appropriate)

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| Course unit code (if any) and page no. of the information package......................................................…..….............................................................................................................................................................................................................. | Course unit title (as indicated in the information package)..................................................................................................................................................................................................................................................................................................................................................................................................................... | Deletedcourseunit🞏🞏🞏🞏🞏🞏🞏🞏🞏 | Addedcourseunit🞏🞏🞏🞏🞏🞏🞏🞏🞏 | Number of ECTS credits............................................................................................................................................................................................................... |

if necessary, continue this list on a separate sheet

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| Student’s signature:..........................................................…………...... Date: ........................................... |

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| **SENDING INSTITUTION**We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved. |
| Responsible person at the faculty ( Vice-deanfor studies)Date: .................................................................. | Institutional coordinator’s signatureDate: ............................................................................... |

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| **RECEIVING INSTITUTION**We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved. |
| Departmental coordinator’s signatureDate: ................................................................. | Institutional coordinator’s signatureDate: ............................................................................. |