**SEMP – Swiss-European Mobility Programme**

**LEARNING AGREEMENT**

**ACADEMIC YEAR 2020/2021**

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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-dean  for 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**

**LEARNING AGREEMENT**

**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)  .............................................  .............................................  .............................................  .............................................  .............................................  .............................................  .............................................  .............................................  ............................................. | Deleted  course  unit  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | Added  course  unit  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | 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-dean  for studies)  Date: .................................................................. | Institutional coordinator’s signature  Date: ............................................................................... |

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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 signature  Date: ................................................................. | Institutional coordinator’s signature  Date: ............................................................................. |