GUIDELINES FOR FILLING IN THE LEARNING AGREEMENT

General Information

<table>
<tr><td rowspan="4">STUDENT</td><td>Last Name(s)</td><td>First Name(s)</td><td>Date of Birth</td><td>Email Address</td></tr>
<tr><td>Student’s surname</td><td>Student’s name</td><td>Date of Birth</td><td>Please indicate your institutional email address</td></tr>
<tr><td>Study Cycle</td><td colspan="2">Study Programme</td><td>Student Number</td></tr>
<tr><td>BA (Bachelor's Degree), MA (Master’s Degree/Single Cycle) or PhD (PhD programme)</td><td colspan="2">The programme you follow at your home university</td><td>Matriculation n. or series n. at your home university</td></tr>
<tr><td rowspan="2">SENDING INSTITUTION</td><td>Name</td><td>Faculty/ Department</td><td colspan="2">Contact Person’s Name, Position and Email Address</td></tr>
<tr><td>Of your home university</td><td>At your home university</td><td colspan="2">departmental coordinator, Erasmus coordinator or staff member who can provide administrative information about the study programme, position and email</td></tr>
<tr><td rowspan="2">RECEIVING INSTITUTION</td><td>Name</td><td>Faculty/ Department</td><td colspan="2">Contact Person’s Name, Position and Email Address</td></tr>
<tr><td>Of the university that offers the course (host university)</td><td>Of the course offered at the receiving university (host university)</td><td colspan="2">4eu+ Coordinator of the activity at the receiving institution or Course Lecturer’s name, position and email</td></tr>
<tr><td>DATES</td><td colspan="4">Planned period of the study programme /mobility: from DD/MM/YY to DD/MM/YY.
The start date and the end date of the activity</td></tr>
<tr><td>MOBILITY TYPE</td><td>☐ Short-term mobility (physical)
for Joint Activities</td><td>☐ Blended Mobility (online + physical)
for Joint Activities</td><td colspan="2">☐ Virtual Mobility (online)
for Shared Courses</td></tr>
</table>

Course Information

RECEIVING INSTITUTION			
Course Unit Title / Activity	**Course Code**	**ECTS**	**Language of Instruction**
The name of the course as it appears on the student portal (Please, **use ONE Learning Agreement per activity**)	If you can't find it, please leave this box empty	The number of ECTS appearing on the student portal	The language of the course as mentioned in the student Portal

SENDING INSTITUTION - Recognition			
	Form of recognition (ECTS or other) choose one option, after having discussed with your Contact Person at your University	**Modalities (to be filled ONLY by the Academic Coordinator)**	**Number of ECTS**
☐	This course will be recognised as part of the student's official curricula/laboratory activity	Equivalent Course Unit Title (if allowed, if not leave the box empty)	Number of ECTS recognised at the home university
☐	This course can provide ECTS only as an extracurricular recognition	Leave it empty	Number of ECTS recognised at the home university
☐	This course will not be recognised.	Leave it empty	Leave it empty

Signatures

The STUDENT commits to: Attend the course(s) described in this learning agreement; comply with its arrangements (course attendance, exam completion etc.) and abide by the rules and regulations of the receiving institution.	**The SENDING INSTITUTION commits to:** Approve the course selection and the proposed learning agreement, recognise successfully completed courses through the form mentioned above.
Signed in *(city, country)* On *(date)* By *(name)* Signature[1]	Signed in *(city, country)* On *(date)* By *(Academic Coordinator's name)* Signature and stamp

[1] Check with your sending institution whether a handwritten signature is required.

4EU+ Learning Agreement

(Short Term, Blended and Virtual Mobilities)

General Information

STUDENT	**Last Name(s)**	**First Name(s)**	**Date of Birth**	**Email Address**
	Study Cycle	**Study Programme**		**Student Number**
SENDING INSTITUTION	**Name**	**Faculty/ Department**	**Contact Person's Name, Position and Email Address**	
RECEIVING INSTITUTION	**Name**	**Faculty/ Department**	**Contact Person's Name, Position and Email Address**	
DATES	Planned study programme /mobility period: from DD/MM/YY to DD/MM/YY.			
MOBILITY TYPE	☐ Short-term mobility (physical)	☐ Blended Mobility (online + physical)	☐ Virtual Mobility (online)	

Course Information

RECEIVING INSTITUTION			
Course Unit Title / Activity	**Course Code**	**ECTS**	**Language of Instruction What is mentioned on the student portal**

SENDING INSTITUTION - Recognition			
	Form of recognition (ECTS or other)	**Modalities**	**Number of ECTS**
☐	This course will be recognised as part of the student's official curriculum		
☐	This course can provide ECTS only as an extracurricular recognition		
☐	This course will not be recognised.		

Signatures

The STUDENT commits to: Attend the course(s) described in this learning agreement; comply with its arrangements (course attendance, exam completion etc.) and abide by the rules and regulations of the receiving institution.	**The SENDING INSTITUTION commits to:** Approve the course selection and the proposed learning agreement, recognise successfully completed courses through the form mentioned above.
Signed in *(city, country)* On *(date)* By *(name)* Signature	Signed in *(city, country)* On *(date)* By *(Academic Coordinator's name)* Signature and stamp