**LEARNING AGREEMENT FOR STUDIES**

**I. IDENTIFICATION DETAILS**

**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name (s)** |  | **First name (s)** |  |
| **Date of birth** |  | **Nationality** |  |
| **Sex [*M/F*]** |  | **Semester,**  **Academic year** | **winter/summer/ac. year 2015/2016** |
| **Study cycle** |  | **Subject area code** |  |
| **Phone** |  | **E-mail** |  |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Faculty** |  |
| **Address** |  | **Department** |  |
| **Country, Country code** |  |
| **Contact person[[1]](#footnote-1)** | | | |
| **Name and surname** |  |  |  |
| **E-mail** |  | **Phone** |  |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Brno University of Technology | **Faculty** |  |
| **Address** |  | **Department** |  |
| **Country, Country code** | Czech Republic, CZ |
| **Contact person1** | | | |
| **Name and surname** |  |  |  |
| **E-mail** |  | **Phone** |  |

**II. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from [day/month/year] ……………………. till [day/month/year] ……………………….

**Table A: Study programme at the receiving institution**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Corresponding number** | **Course code**  **(if any)** | **Course title** | **Semester (autumn / spring )** | **Number of ECTS credits** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total: …………………..** | | | | |

**Web link to the course catalogue at the receiving institution:**

|  |
| --- |
| *[Web link(s) to be provided.]* |

**Table B: The courses to be recognized at the sending institution**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Corresponding number** | **Course code**  **(if any)** | **Course title** | **Semester (autumn / spring )** | **Number of ECTS credits** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total: …..……………..** | | | | |

**Provisions that will apply if some educational components would not be successfully completed:**

|  |
| --- |
| *[The final Transcript of Records should correspond to this Learning Agreement and its eventual Changes. Courses attended but not successfully completed should therefore be included in the Transcript of Records as well. If not possible due to serious reasons, student may be requested to provide a confirmation of attendance from the course lecturer or similarly relevant explanation instead. If the number of credits obtained does not meet the minimum requirements according to the BUT regulations, the student may be asked to return a comparative portion of the awarded grant.* |

|  |
| --- |
| **Language competence of the student**  The level of language competence[[2]](#footnote-2) in ………………………….…[[3]](#footnote-3) that the student already has or agrees to acquire by the start of the study period is:  A1 🞏 A2 🞏 B1 🞏 B2 🞏 C1 🞏 C2 🞏 |

*[Other specific requirements that the sending or the receiving institution need to introduce can be added in this box.]*

**III. COMMITMENT OF THE THREE PARTIES**

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties.

The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.

The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree as described in Table B.

The student and the receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme and study period.

|  |  |
| --- | --- |
| **The student** |  |
| Name and surname *(in block letters)*: |  |
| Student's signature: | Date: |
|  |  |

|  |  |
| --- | --- |
| **The sending institution** |  |
| Departmental coordinator's name/ Responsible person name[[4]](#footnote-4) *(in block letters)*: | |
|  |  |
|  |  |
| Signature: | Date: |
|  |  |

|  |  |
| --- | --- |
| **Brno University of Technology (The receiving institution)** |  |
| Departmental coordinator's name/ Responsible person name[[5]](#footnote-5) *(in block letters)*: | |
|  |  |
|  |  |
| Signature: | Date: |
|  |  |

1. Contact person can be a staff from the international office or a staff who is in charge of outgoing students. [↑](#footnote-ref-1)
2. For the Common European Framework of Reference for Languages (**CEFR**) see <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr> [↑](#footnote-ref-2)
3. Please fill in the language of instruction [↑](#footnote-ref-3)
4. Departmental coordinator or responsible person at the sending institution is an academic staff who has the authority to approve the mobility programme of outgoing students and guarantee full recognition of such programmes on behalf of the responsible academic body. [↑](#footnote-ref-4)
5. Departmental coordinator or responsible person at the receiving institution is an academic staff who has the authority to approve the mobility programme of incoming students and is committed to give them academic support in the course of their studies at the receiving institution. [↑](#footnote-ref-5)