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| **Higher Education**  **Learning Agreement Form**  ***Student’s name !!!*** |  |

**LEARNING AGREEMENT FOR STUDIES**

**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date of birth |  | Nationality[[1]](#endnote-1) |  |
| Sex [*M/F*] |  | Academic year |  |
| Study cycle[[2]](#endnote-2) |  | Subject area,  Code |  |
| Phone |  | E-mail |  |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Faculty |  |
| Erasmus code |  | Department |  |
| Address |  | Country, Country code |  |
| Contact person[[3]](#endnote-3)  name |  | Contact person e-mail / phone |  |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **University of Life**  **Sciences in Lublin** | Faculty |  |
| Erasmus code  (if applicable) | **PL LUBLIN04** | Department |  |
| Address | **Akademicka 13,**  **20-950 Lublin Poland** | Country, Country code | **Poland , PL** |
| Contact person name | **Jerzy Horbowski** | Contact person e-mail / phone | [jerzy.horbowski@up.lublin.pl](mailto:Jerzy.horbowski@up.lublin.pl)  +48 81 445 62 38 |

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| **Higher Education**  **Learning Agreement form**  ***Student’s name !!!*** |  |

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: **from** ………….. **till** …………………

**Table A**

*Study programme abroad*

|  |  |  |  |
| --- | --- | --- | --- |
| **Component*[[4]](#endnote-4)* code (if any)**  **or Faculty** | **Component title (as indicated in the course catalogue) at the receiving institution** | **Semester [autumn / spring] [or term]** | **Number of ECTS credits to be awarded by the receiving institution upon successful completion** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  | **Total:** |  |

**Web link to the course catalogue at the receiving institution describing the learning outcomes:**

|  |
| --- |
| *[http://www.up.lublin.pl/courses-in english* |

|  |  |
| --- | --- |
| **Higher Education**  **Learning Agreement form**  ***Student’s name !!!*** |  |

**Table B:**

*Group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad NB no one to one match with Table A is required. Where all credits in Table A are recognised as forming part of the programme at the sending institution without any further conditions being applied, Table B may be completed with a reference to the mobility window (see guidelines).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Component code (if any)** | **Component title (as indicated in the course catalogue) at the sending institution** | **Semester [autumn / spring] [or term]** | **Number of ECTS credits** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | ***TOTAL :*** |  |

**Approval of Departmental Coordinator**

Signature : Date:

**If the student does not complete successfully some educational components, the following provisions will apply:**

|  |
| --- |
|  |

|  |
| --- |
| **Language competence of the student**  The level of language competence[[5]](#endnote-5) in *[the main language of instruction]* that the student already has or agrees to acquire by the start of the study period is:  A1 🞏 A2 🞏 B1 🞏 **B2 X** C1 🞏 C2 🞏 |

**II. RESPONSIBLE PERSONS**

|  |  |  |
| --- | --- | --- |
| **Responsible person in the sending institution:**  Name: Function: Institutional Coordinator  Phone number E-mail: | | |
| **Higher Education**  **Learning Agreement form**  ***Student’s name !!!*** |  | |

|  |
| --- |
| **Responsible person in the receiving institution:**  Name: **Mgr inz. Kinga SLOMINSKA** Function: Institutional Coordinator  Phone number: :+48 (0) 81/ 445 65 80 E-mail:kinga.slominska@up.lublin.pl  Name: Function: Departamental Coordinator  Phone number: :+48 (0) 81/ E-mail: @up.lublin.pl |

**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. Sending and receiving institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the inter-institutional agreement for institutions located in partner countries).

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. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties.

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

|  |
| --- |
| **The student:**  Signature **:** Date: |

|  |
| --- |
| **The sending institution :**  Signature: Date: |

|  |
| --- |
| **The receiving institution :** Departamental Coordinator  Signature : Date:  Institutional Coordinator  Signature : Date: |

1. [↑](#endnote-ref-1)
2. [↑](#endnote-ref-2)
3. [↑](#endnote-ref-3)
4. [↑](#endnote-ref-4)
5. [↑](#endnote-ref-5)