



Erasmus+

LEARNING AGREEMENT FOR STUDIES

The Student

Last name (s)		First name (s)	
Date of birth		Nationality	
Sex [M/F]		Academic year	
Study cycle		Subject area, Code	
Phone		E-mail	
Corso di Studio		Classe di Laurea	
Numero di matricola			

The Sending Institution

Name	Università degli Studi Palermo	School	
Erasmus code (if applicable)	I PALERMO01	Department	
Address		Country, Country code	Italy
Contact person name		Contact person e-mail / phone	

The Receiving Institution

Name		Faculty	
Erasmus code (if applicable)		Department	
Address		Country, Country code	
Contact person name		Contact person e-mail / phone	



Erasmus+ *mandatory field

Student Name* : _____

Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

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

Table A: Study programme abroad

Component code (if any)	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
			Total:

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

[Web link(s) to be provided.]

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.

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:

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

[Please, specify or provide a web link to the relevant information.]

Language competence of the student

The level of language competence 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 C1 C2



Erasmus+ *mandatory field

Student Name* : _____

II. RESPONSIBLE PERSONS

Departmental Coordinator of the Interinstitutional Agreement

Name: _____

E-mail: _____

Signature: _____

Responsible person in the sending institution:

Name: _____

Function: Course of Study Coordinator

Phone number: _____

E-mail: _____

Responsible person in the receiving institution:

Name: _____

Function: _____

Phone number: _____

E-mail: _____

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

Student's signature _____

Date: _____

The sending institution

Responsible person's signature _____

Date: _____

The receiving institution

Responsible person's signature _____

Date: _____

Section to be completed DURING THE MOBILITY

CHANGES TO THE ORIGINAL LEARNING AGREEMENT

The Student



Erasmus+

Last name (s)		First name (s)	
Corso di Studio		Classe di Laurea	
Numero di matricola			

I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

Table C: Exceptional changes to study programme abroad or additional components in case of extension of stay abroad

Component code (if any) at the receiving institution	Component title (as indicated in the course catalogue) at the receiving institution	Deleted component <i>[tick if applicable]</i>	Added component <i>[tick if applicable]</i>	Reason for change	Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
					Total:

Table D: Exceptional changes to set of components to be replaced at the sending institution

Component code (if any) at the receiving institution	Component title (as indicated in the course catalogue) at the sending institution	Deleted component <i>[tick if applicable]</i>	Added component <i>[tick if applicable]</i>	Reason for change	Number of ECTS credits to be awarded by the sending institution upon successful completion of the component
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
					Total:

The student, the sending and the receiving institutions confirm that they approve the proposed amendments to the mobility programme.



Student Name*: _____



Erasmus+ *mandatory field

Approval by e-mail or signature of the student and of the sending and receiving institution responsible persons.

RESPONSIBLE PERSONS

Departmental Coordinator of the Interinstitutional Agreement

Name:

E-mail:

Signature: _____

The student

Student's signature

Date:

The sending institution

Responsible person's signature

Date:

The receiving institution

Responsible person's signature

Date:

II. CHANGES IN THE RESPONSIBLE PERSON(S), if any:

New responsible person in the sending institution:

Name:

Function: Course of Study Coordinator

Phone number:

E-mail:

New responsible person in the receiving institution:

Name:

Function:

Phone number:

E-mail:



Erasmus+

Section to be completed AFTER THE MOBILITY

RECOGNITION OUTCOMES

The Student

Last name (s)		First name (s)	
Corso di Studio		Classe di Laurea	
Numero di matricola			

I. MINIMUM INFORMATION TO INCLUDE IN THE RECEIVING INSTITUTION'S TRANSCRIPT OF RECORDS

Start and end dates of the study period: from *[day/month/year]* till *[day/month/year]*.

Table E: academic outcomes at receiving institution

Component code (if any)	Component title (as indicated in the course catalogue) at the receiving institution	Was the component successfully completed by the student? [Yes/No]	Number of ECTS credits	Receiving institution grade
			<i>Total:</i>	

[Signature of responsible person in receiving institution and date]



The Student



Erasmus+

Last name (s)		First name (s)	
Corso di Studio		Classe di Laurea	
Numero di matricola			

II. MINIMUM INFORMATION TO INCLUDE IN THE SENDING INSTITUTION'S TRANSCRIPT OF RECORDS

Start and end dates of the study period: from *[day/month/year]* till *[day/month/year]*.

Table F: recognition outcomes at the sending institution

Component code (if any)	Title of recognised component (as indicated in the course catalogue) at the sending institution	Number of ECTS credits	Sending institution grade, if applicable
		<i>Total:</i>	

[Signature of responsible person in sending institution and date]