



LEARNING AGREEMENT FOR STUDIES

The Student

Last name (s)	<input type="text"/>	First name (s)	<input type="text"/>
Date of birth (JJ/MM/AAAA)	<input type="text"/>	Nationality	<input type="text"/>
Gender	<input type="text"/>	Academic year	<input type="text"/>
Study cycle	<input type="text"/>	Course (diplôme préparé)	<input type="text"/>
Phone	<input type="text"/>	E-mail	<input type="text"/>

The Sending Institution

Name	UNIVERSITÉ TOULOUSE CAPITOLE	Faculty	<input type="text"/>
Erasmus code	FTOULOUS01		
Address	2 rue du Doyen Gabriel Marty 31042 TOULOUSE Cedex 9	Country	FRANCE
Contact person name	<input type="text"/>	Email	<input type="text"/>
		Phone	<input type="text"/>

The Receiving Institution

Name	<input type="text"/>	Faculty	<input type="text"/>
Erasmus code	<input type="text"/>		
Address	<input type="text"/>	Country	<input type="text"/>
Contact person name	<input type="text"/>	Email	<input type="text"/>
		Phone	<input type="text"/>

STUDENT family name:
STUDENT first name:
Section to be completed BEFORE THE MOBILITY
I. TABLE A: PROPOSED STUDY PROGRAMME ABROAD

 Planned period of the mobility: (JJ/MM/AAAA) from / / till / /

Course Code	Course title at the receiving institution (as indicated in the course catalogue)	Semester (1 or 2)	ECTS Credits	Grade	French Grade (/20)
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
TOTAL			<input type="text"/>		

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 **B2**.*

**Academic advisor's signature
(sending institution):**

S1 Results	/ 20	Mention:	
S2 Results	/ 20	Mention:	
Year Results	/ 20	Mention:	

STUDENT family name: STUDENT first name:

II. RESPONSIBLE PERSONS

Responsible person in the sending institution:Name: Function: 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.

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

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**

Academic advisor's signature

Date: **The receiving institution**

Responsible person's signature

Date: