**LEARNING AGREEMENT FOR STUDIES**

**Erasmus+ Mobility 2023-2024**

**The Student**

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| --- | --- | --- | --- |
| Last name(s) |  | First name(s) |  |
| Date of birth |  | Gender |  |
| Nationality |  | Field of education |  |
| Study cycle | **🞏** Bachelor  **🞏** Master  **🞏** Doctoral | Field of education clarification |  |

**The Sending Institution**

|  |  |
| --- | --- |
| Name | **Yuriy Fedkovych Chernivtsi National University** |
| OID if applicable | E10207348 |
| Faculty / Department |  |
| Address | 2 Kotsiubynskyi Street |
| Country | Ukraine |
| Contact person’s name | Serhii Lukaniuk |
| Contact person’s e-mail / phone | [interof@chnu.edu.ua](mailto:interof@chnu.edu.ua) | +380372584706 |

**The Receiving Institution**

|  |  |
| --- | --- |
| Name | **University of Gdansk** |
| Erasmus code/ OID | **PL GDANSK01** |
| Faculty / Department |  |
| Address |  |
| Country |  |
| Contact person’s name |  |
| Contact person’s e-mail / phone |  |

The level of language competence in that the student already has or agrees to acquire by the start of the study period is: **language** ………………………………………… **A1 🞏 A2 🞏 B1 🞏 B2 🞏 C1 🞏 C2 🞏**

Planned period of the mobility: from (month/year) ……………………… to (month/year) ………………………

**Table A: Study programme at the Receiving Institution**

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| **Component code** (if any) | **Component title at the Receiving Institution** (as indicated in the course catalogue) | **Semester [e.g. autumn / spring; term]** | **Number of ECTS credits (or equivalent)  to be awarded by the Receiving Institution upon successful completion** |
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|  |  | | **Total: …………………** |

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| **Web link to the course catalogue at the Receiving Institution describing the learning outcomes:**  *https://* |

**Table B: Recognition at the Sending Institution**

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| **Component code** (if any) | **Component title at the Sending Institution** (as indicated in the course catalogue) | **Semester [e.g. autumn / spring; term]** | **Number of ECTS credits (or equivalent)  to be awarded by the Sending Institution upon successful completion** |
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| **Web link to the course catalogue at the Sending Institution describing the learning outcomes:**  *https://* |

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| **Provisions applying if the student does not complete successfully some educational components:**  *https://* |

**Table C: If applicable, description of the virtual component at Receiving Institution**

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| **Component code** (if any) | **Component title at the Sending Institution** (as indicated in the course catalogue) | **Short description of the virtual component** | **Number of ECTS credits (or equivalent)  to be awarded by the Sending Institution upon successful completion** |
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**Commitment**

By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the 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 Sending Institution and the student should also commit to what is set out in the Erasmus+ grant agreement. The Receiving Institution confirms that the educational components listed in Table A are in line with its course catalogue and should be available to the student. 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 study programme, responsible persons and/or study period.

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| **Commitment** | **Name** | **Email / Phone** | **Position** | **Date** | **Signature** |
| Student |  |  |  |  |  |
| **Commitment** | **Name** | **Email / Phone** | **Position** | **Date** | **Signature** |
| Responsible person at the Sending Institution |  |  |  |  |  |
| Faculty/Institute Erasmus+ Coordinator at UG |  |  |  |  |  |