**LEARNING AGREEMENT FOR STUDIES**

**I. IDENTIFICATION DETAILS**

**The Student**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last name, first name(s):** |  | | | | |
| **Date of birth:** | DD/MM/YYYY | **Nationality:** |  | **Sex:** | Male  Female |
| **Academic year** | **20XX/20XX** | | | | |
| **Semester:** | Winter  Summer  Academic year | | | | |
| **Type of mobility:** | Phisical  Blended  Online  Virtual | | | | |
| **Study area:** |  | | | | |
| **Contact e-mail, phone:** |  | | | | |

**The Sending Institution**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** | Brno University of Technology | | | | |
| **Faculty, department:** |  | | | | |
| **Address:** |  | | **Country:** | | Czech Republic |
| **Contact person[[1]](#footnote-1)** | | | | | |
| **Full name and function:** |  |  | |  | |
| **Contact e-mail, phone:** |  | | | | |

**The Receiving Institution**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | |
| **Faculty, department:** |  | | | | |
| **Address:** |  | | **Country:** | |  |
| **Contact person[[2]](#footnote-2)** | | | | | |
| **Full name and function:** |  |  | |  | |
| **Contact e-mail, phone:** |  | | | | |

|  |  |
| --- | --- |
| **Period of mobility:** | **from** DD/MM/YYYY **till** DD/MM/YYYY |
| **Total months:** |  |

**II. PROPOSED MOBILITY PROGRAMME**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course code**  **(if any)** | **Course title/activity (theses, excursions etc.)** | **ECTS** | **Recognized course at home institution** | **ECTS** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Credits Total:** |  | **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.*  *If the receiving institution doesn’t use ECTS, the Transcript of Records must include a comprehensive mechanism to determine the equivalency between local grades and credits and ECTS.* |

**III. COMMITMENT OF THE THREE PARTIES**

The receiving institution confirms that the educational components listed 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.

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full name** | **Date** | **Signature and stamp** (if applicable) |
| Student |  |  |  |
| Sending institution Representative |  |  |  |
| Receiving institution  Representative |  |  |  |

**CHANGES to LEARNING AGREEMENT FOR STUDIES**

1. **IDENTIFICATION DETAILS OF THE STUDENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last name, first name(s):** |  | | | | |
| **Date of birth:** | DD/MM/YYYY | **Nationality:** |  | **Sex:** | Male  Female |
| **Academic year** | **20XX/20XX** | | | | |
| **Semester:** | Winter  Summer  Academic year | | | | |
| **Type of mobility:** | Physical  Blended  Online  Virtual | | | | |
| **Study area:** |  | | | | |
| **Contact e-mail, phone:** |  | | | | |

1. **CHANGES TO THE ORIGINAL PROPOSED MOBILITY PROGRAMME**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ADDED COURSES** | | | | |
| **Course code**  **(if any)** | **Course title/activity (theses, excursions etc.)** | **ECTS** | **Recognized course at home institution** | **ECTS** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **DELETED COURSES** | | | | |
| **Course code**  **(if any)** | **Course title/activity (theses, excursions etc.)** | **ECTS** | **Recognized course at home institution** |  |
|  |  | -X | n/a |  |
|  |  | -X | n/a |  |
|  |  | -X | n/a |  |
|  |  | -X | n/a |  |
|  |  | -X | n/a |  |
| **Credits Change Total:** | |  |  |  |
| **Total Credits after Changes:** | |  |  |  |

**III. COMMITMENT OF THE THREE PARTIES**

Both receiving and sending institution hereby confirm the approval of above-mentioned changes to the original proposed programme.

The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed educational components listed in both Learning Agreement and its Changes.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full name** | **Date** | **Signature and stamp** (if applicable) |
| Student |  |  |  |
| Sending institution Representative |  |  |  |
| Receiving institution  Representative |  |  |  |

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. [↑](#footnote-ref-2)