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| **Student** | **Last name(s)** | **First name(s)** | **Date of birth** | **Nationality** | **Sex [M/F]** | | **Study cycle** | | **Field of education** |
|  |  |  |  |  | |  | |  |
| **Sending Institution** | **Name** | **Faculty/Department** | **Address** | **Country** | **Contact person name; email; phone** | | | | |
|  |  |  |  | - | | | | |
| **Receiving Institution** | **Name** | **Faculty/ Department** | **Address** | **Country** | **Contact person name; email; phone** | | | | |
|  |  |  |  |  | | | | |
| **Before the mobility** | | | | | | | | | |
|  | ***Study Programme at the Receiving Institution***  **Planned period of the mobility: from [month/year] ……………. to [month/year] ……………** | | | | | | | | |
| **Table A**  **Before the mobility** | **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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|  | ***Recognition at the Sending Institution*** | | | | | | | | | | | | | | |
| **Table B**  **Before the mobility** | **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 recognised by the Sending Institution** | | | |
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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. 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. The student and the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period. | | | | | | | | | | | | | | | |
| **Commitment** | | **Name** | | | **Email** | | | **Position** | | | **Date** | | | **Signature** | |
| Student | |  | | |  | | | *Student* | | |  | | |  | |
| Responsible person at theSending Institution | |  | | |  | | |  | | |  | | |  | |
| Responsible person at theReceiving Institution | |  | | |  | | |  | | |  | | |  | |