

STUDENT family name

STUDENT first name

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"/>
Sex	<input type="radio"/> F <input type="radio"/> M	Academic year	2023/2024
Study cycle	<input type="text"/>	Course (diplôme préparé)	<input type="text"/>
Phone	<input type="text"/>	E-mail	<input type="text"/>

The Sending Institution

Name	UNIVERSITE TOULOUSE 1 CAPITOLE	Faculty	<input type="text"/>
Erasmus code (if applicable)	FTOULOUS01		
Address	2 rue du Doyen Gabriel Marty 31042 TOULOUSE Cedex	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 (if applicable)	<input type="text"/>	Department	<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. PROPOSED MOBILITY PROGRAMME

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

till

Table A: Study programme abroad

Component code	Component title (as indicated in the course catalogue) at the receiving institution	Semester	Credits	Grade	French Grade (/ 20)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Total:			

Date:

Validation: /20

Academic advisor's signature (sending institution):

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: