**STUDY LEARNING AGREEMENT**

**Makovecz Programme**

**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date of birth |  | Nationality |  |
| Gender [*M/F*] |  | Academic year |  |
| Study cycle |  | Subject area |  |
| Phone |  | E-mail |  |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Administrative Office |  |
| Address |  | Country |  |
| Contact person  name |  | Contact person e-mail / phone |  |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Administrative Office |  |
| Address |  | Country |  |
| Contact person  name |  | Contact person e-mail / phone |  |

#### **Section to be completed BEFORE THE MOBILITY**

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from [month/year] ………………………………. until [month/year] ……………………………….

**Table A. Study programme abroad**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Component title (as indicated in the course catalogue) at the receiving institution** | **Semester [autumn / spring]** | **Number of ECTS credits to be awarded by the receiving institution upon successful completion** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | Total: ………… |

**II. RESPONSIBLE PERSONS**

|  |
| --- |
| **Responsible person in the sending institution - signatures:**  **Departamental coordinator                                                                                          Makovecz Programme coordinator**  Date: |
| **Responsible person in the receiving institution – signatures:**  **Departmental Coordinator Makovecz Programme coordinator**  Date: L.S. |

**III. COMMITMENT OF THE THREE PARTIES**

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the present Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and receiving institutions undertake to apply all the provisions of the Student Exchange Agreement signed between the two parties.

The receiving institution confirms that the educational components listed in Table A 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.

The student and the 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: |

|  |
| --- |
| **Responsible person in the sending institution - signatures:**  **Departamental coordinator                                                                                          Makovecz Programme coordinator**  Date: |

|  |
| --- |
| **Responsible person in the receiving institution - signatures:**  **Departmental Coordinator Makovecz Programme coordinator**  Date: L.S. |

**Section to be completed DURING THE MOBILITY**

#### **CHANGES TO THE ORIGINAL LEARNING AGREEMENT**

#### **I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME**

#### **Table B: Exceptional changes to study programme abroad or additional components in case of extension of stay abroad**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Component title (as indicated in the course catalogue) at the receiving institution** | **Deleted component**  ***[tick if applicable]*** | **Added component**  ***[tick if applicable]*** | **Reason for change** | **Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component** |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  | | | | | Total: ………… |

The student, the sending and the receiving institutions confirm that they approve the proposed amendments to the mobility programme. Approval by e-mail or signature of the student and of the sending and receiving institution responsible persons.

#### **II. COMMITMENT OF THE THREE PARTIES:**

|  |
| --- |
| **The student**  Student’s signature:  Date: |

|  |
| --- |
| **Responsible person in the sending institution - signatures:**  **Departamental coordinator                                                                                          Makovecz Programme coordinator**    Date: |

|  |
| --- |
| **Responsible person in the receiving institution - signatures:**  **Departmental Coordinator Makovecz Programme coordinator**  Date: |