**LEARNING AGREEMENT FOR STUDIES 2017/2018**

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| STUDENT |  |
| First Name:  | **Last Name:** |
| Date of Birth:  | **Nationality:**  |
| Study Cycle: Undergraduate | **Email:** |

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| SENDING INSTITUTION |  |
| Name: Maynooth University | **Erasmus Code:** IRL MAYNOOT01 |
| Address: Humanity House, South Campus, Maynooth University, Maynooth, Co. Kildare, Ireland | **Contact Person**: Patricia Hayden, Outgoing Erasmus CoordinatorPatricia.hayden@nuim.ie +35317084735 |
| Department 1: | **Departmental Coordinator Name and Contact**: |
| Department 2: | **Departmental Coordinator Name and Contact**: |

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| RECEIVING INSTITUTION |  |
| Name:  | **Erasmus Code:**  |
| Address: | **Faculty/Department**:  |
| Contact Person Name and Email:  | **Departmental Coordinator Name and Email**: |

**PROPOSED MOBILITY PROGRAMME**

**Planned dates of the start and end of the study period (including Orientation and exam period):**

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| From:  | **To:** |

The Learning Agreement includes all the educational components (=courses/modules) to be carried out by the student at the receiving institution. The student is expected to take components totalling a minimum of 30 ECTS credits per semester.

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| **Course Code** | **Course Title**  | **Semester** | **ECTS** |
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| Language competence of the student (if applicable):The level of language competence in \_\_\_\_\_\_\_\_\_\_\_\_ that the student already has or agrees to acquire by the start of the study period for the above mentioned dates is: A1 □ A2 □ B1 □ B2 □ C1 □ C2 □ |

**COMMITMENT OF THE THREE PARTIES**

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| **STUDENT** |
| **Student’s Name** | **Signature** | **Date** |

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| **SENDING INSTITUTION** |
| **Institutional Coordinator** | **Signature** | **Date** |
| **Institutional Coordinator 2** (only applicable for students undertaking two foreign languages) | **Signature** | **Date** |

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| **RECEIVING INSTITUTION** |
| **Institutional Coordinator** | **Signature** | **Date** |