**LEARNING AGREEMENT FOR STUDIES 2018/2019**

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| STUDENT |  |
| First Name:  | **Last Name:** |
| Date of Birth:  | **Nationality:**  |
| MU Student Number: | **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**: Patty Hayden, Outward MobilityPatricia.hayden@mu.ie, +35317084735 |
| Department 1: | **Department 2**: |

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| RECEIVING INSTITUTION |  |
| Name:  | **Faculty/Department**: |
| Address: | **Contact Person 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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**DURING MOBILITY PROGRAMME**

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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**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** |

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