UNIVERSITÉ TOULOUSE 1 CAPITOLE
RELATIONS EUROPÉENNES ET INTERNATIONALES

Erasmus+

LEARNING AGREEMENT FOR STUDIES

The Student

Last name (s)		First name (s)	
Date of birth (JJ/MM/AAAA)		Nationality	
Sex	◯ F ◯ M	Academic year	2022/2023
Study cycle		Course (diplôme préparé)	
Phone		E-mail	

The Sending Institution

Name	UNIVERSITÉ TOULOUSE 1 CAPITOLE	Faculty	
Erasmus code (if applicable)	FTOULOUS01		
Address	2 rue du Doyen Gabriel Marty 31042 TOULOUSE Cedex	Country	FRANCE
Contact person name	Léa HELBO	Email Phone	envol@ut-capitole.fr +33561633630

The Receiving Institution

Name		Faculty	
Erasmus code (if applicable)		Department	
Address		Country	
Contact person name		Email Phone	

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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	ECTS	Grade	French Grade (/ 20)
		Total:			

Language competence of the student
The level of language competence in the main language of instruction that the student already has or agrees to acquire by the start of the study period is **B2**.

Validation: **/20** Academic advisor's signature (sending institution)

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STUDENT family name

STUDENT first name

II. RESPONSIBLE PERSONS

Responsible person in the sending institution:

Name: | Function: Academic advisor

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: