LEARNING AGREEMENT FOR STUDIES

The Student

Last name (s)		First name (s)	
Date of birth (JJ/MM/AAAA)		Nationality	
Gender		Academic year	
Study cycle		Course (diplôme préparé)	
Phone		E-mail	

The Sending Institution

Name	UNIVERSITÉ TOULOUSE CAPITOLE	Faculty	
Address	2 rue du Doyen Gabriel Marty 31042 TOULOUSE Cedex 9	Country	FRANCE
Contact person name	Oriane BALDELLON	Email Phone	envol@ut-capitole.fr 0033561633630

The Receiving Institution

Name		Faculty	
Address		Country	
Contact person name		Email Phone	

STUDENT family name:

STUDENT first name:

Section to be completed BEFORE THE MOBILITY

I. TABLE A: PROPOSED STUDY PROGRAMME ABROAD

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

Course code	Course title at the receiving institution (as indicated in the course catalogue)	Semester (1 or 2)	Grade	French Grade (/ 20)

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**.*

Academic advisor's signature (sending institution):

S1 Results	/ 20	Mention:	
S2 Results	/ 20	Mention:	
Year Results	/ 20	Mention:	

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: