**Learning Agreement**

**Student Mobility for Studies**

**General information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student** | **Last name(s)** | **First name(s)** | **Date of birth** | | **Nationality** | | **Gender** |
|  |  |  | |  | |  |
| **ESI** | | **Study cycle** | | **Field of education**  **(ISCED)** | | **Field of education  (clarification)** |
| **/** | |  | |  | |  |
|  |  |  | |  |  |  | |
| **Sending Institution** | **Name** | **Faculty/Department** | | **Erasmus code** | **Country** | **Faculty administrative contact person name; email; phone** | |
|  |  | |  |  |  | |
| **Receiving Institution** | **Name** | **Faculty/Department** | | **Erasmus code** | **Country** | **Administrative contact person name; email; phone** | |
| **University of Zagreb** | **Faculty of Humanities and Social Sciences** | | **HR ZAGREB01** | **Croatia** | **Ivana Bedeković, Student Mobility Coordinator**  **email:** [**erasmus-studenti@ffzg.hr**](mailto:erasmus-studenti@ffzg.hr)[**ibedekov@m.ffzg.hr**](mailto:ibedekov@m.ffzg.hr)  **phone: ++385 1 4092 138** | |
| The level of language competence in \_\_\_\_\_\_\_\_ [indicate here the main language of instruction] that the student already has or agrees to acquire by the start of the study period is:  *A1* ☐ *A2* ☐ *B1* ☐ *B2* ☐ *C1* ☐ *C2* ☐ *Native speaker* ☐ | | | | | | | |

**Mobility type and duration**

|  |  |
| --- | --- |
| **Mobility type (select one)** | **Estimated duration (to be confirmed by the Receiving Institution)** |
| * Semester(s) ☐ / Virtual component *(only if applicable)* ☐ | Planned period of the physical mobility:   * from [day (optional)/month/year] ……………. * to [day (optional)/month/year] …………… |
|  | |

**Study Programme at the Receiving Institution**

***Mobility type: Semester(s)***

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|  |  | | | |
| **Table A** | **Component****code** (if any) | **Component title at the Receiving Institution** (as indicated in the course catalogue) | **Semester** [e.g. autumn/spring; term] | **Number of ECTS credits (or equivalent) to be awarded by the Receiving Institution upon successful completion** |
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|  |  |  |  |  |
|  |  | *If necessary please electronically insert more rows.* |  | **Total: …** |
| Web link to the course catalogue at the Receiving Institution describing the learning outcomes: [*web link to the relevant information*] | | | | |

**Recognition at the Sending Institution**

***Mobility type: Semester(s)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | | | |
| **Table B** | **Component code**  (if any) | **Component title at the Sending Institution** (as indicated in the course catalogue) | **Semester** [e.g. autumn/spring; term] | **Number of ECTS credits (or equivalent) to be recognised by the Sending Institution** | **Automatic recognition** |
|  |  |  |  |  | *Yes* ☐ *No* ☐ |
|  |  |  |  |  | *Yes* ☐ *No* ☐ |
|  |  |  |  |  | *Yes* ☐ *No* ☐ |
|  |  |  |  |  | *Yes* ☐ *No* ☐ |
|  |  | *If necessary please electronically insert more rows.* |  | **Total: …** |  |
| Provisions applying if the student does not complete successfully some educational components: *[web link to the relevant information]* | | | | | |

**If applicable, description of the virtual component at Receiving Institution and recognition at the Sending Institution**

***Mobility type: Semester(s)***

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| --- | --- | --- | --- | --- | --- |
| **Table C** | **Component**  **code (if any)** | **Component title or description of the study**  **programme at the Receiving Institution** | **Short description of the virtual component**  **(obligatory field):** | **Number of ECTS credits to be awarded** | **Automatic recognition** |
|  |  |  |  | *Yes* ☐ *No* ☐ |
|  |  |  |  | *Yes* ☐ *No* ☐ |
|  |  |  |  | *Yes* ☐ *No* ☐ |
|  | *If necessary please electronically insert more rows.* |  | **Total: …** |  |

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| By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and Receiving Institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies. The Beneficiary Institution and the student should also commit to what is set out in the Erasmus+ grant agreement. The Receiving Institution confirms that the educational components listed are in line with its course catalogue or as agreed otherwise and should be available to the student. The Sending Institution commits to recognise all the credits or equivalent units gained at the Receiving Institution for the successfully completed educational components and to count them towards the student's degree. The student and the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period. | | | | | |
| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Student |  |  | *Student* |  |  |
| Responsible person at theSending Institution |  |  |  |  |  |
| Responsible person at theReceiving Institution | Željka Miklošević, PhD | [mobilnost-ff@ffzg.hr](mailto:mobilnost-ff@ffzg.hr) | Faculty  ECTS coordinator |  |  |

**Commitment of the three parties**

**Changes to the learning agreement**

***Mobility type: Semester(s)***

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|  | **Exceptional changes to Table A**  (to be approved by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Institution) | | | | | |
| **Table A2** | **Component code** (if any) | **Component title at the** **Receiving Institution** (as indicated in the course catalogue) | **Deleted component** [tick if applicable] | **Added component** [tick if applicable] | **Reason for change**  (see explanation in the Glossary at the of the document) | **Number of ECTS credits (or equivalent)** |
|  |  |  | ☐ | ☐ | Choose a number |  |
|  |  |  | ☐ | ☐ | Choose a number |  |
|  |  |  | ☐ | ☐ | Choose a number |  |
|  |  |  | ☐ | ☐ | Choose a number |  |
|  |  |  | ☐ | ☐ | Choose a number |  |
|  |  |  | ☐ | ☐ | Choose a number |  |
|  |  |  | ☐ | ☐ | Choose a number |  |
|  |  | *If necessary please electronically insert more rows.* | ☐ | ☐ | Choose a number |  |

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| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Student |  |  | *Student* |  |  |
| Responsible person at theSending Institution |  |  |  |  |  |
| Responsible person at theReceiving Institution | Željka Miklošević, PhD | [mobilnost-ff@ffzg.hr](mailto:mobilnost-ff@ffzg.hr) | Faculty  ECTS coordinator |  |  |

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| **Exceptional changes to Table B (if applicable)**  (to be approved by the student and the responsible person in the Sending Institution) | | | | | | | | |
| **Table B2** | **Component code** (if any) | **Component title at the** **Sending Institution** (as indicated in the course catalogue) | **Deleted component** [tick if applicable] | **Added component** [tick if applicable] | **Reason for change**  ( see explanation in the Glossary at the of the document) | **Number of ECTS credits (or equivalent)** | **Automatic recognition** |
|  |  |  | ☐ | ☐ | Choose a number |  | *Yes* ☐ *No* ☐ |
|  |  |  | ☐ | ☐ | Choose a number |  | *Yes* ☐ *No* ☐ |
|  |  |  | ☐ | ☐ | Choose a number |  | *Yes* ☐ *No* ☐ |
|  |  |  | ☐ | ☐ | Choose a number |  | *Yes* ☐ *No* ☐ |
|  |  | *If necessary please electronically insert more rows.* | ☒ | ☐ | Choose a number |  | *Yes* ☐ *No* ☐ |

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| --- | --- | --- | --- | --- | --- | --- |
| **Exceptional changes to Table C (if applicable)**  (to be approved by the student and the responsible person in the Sending Institution) | | | | | | |
| **Table C2** | **Component**  **code (if any)** | **Component title or description of the study**  **programme at the Receiving Institution** | **Short description of the virtual component**  **(obligatory field):** | **Reason for change** | **Number of ECTS credits to be awarded** | **Automatic recognition** |
|  |  |  |  |  | *Yes* ☐ *No* ☐ |
|  |  |  |  |  | *Yes* ☐ *No* ☐ |
|  |  |  |  |  |  | *Yes* ☐ *No* ☐ |
|  |  |  |  |  |  | *Yes* ☐ *No* ☐ |
|  |  |  |  |  |  | *Yes* ☐ *No* ☐ |
|  |  | *If necessary please electronically insert more rows.* |  |  |  | *Yes* ☐ *No* ☐ |

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| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Student |  |  | *Student* |  |  |
| Responsible person at theSending Institution |  |  |  |  |  |