**LEARNING AGREEMENT FOR STUDIES**

**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date of birth  (dd-mm-yyyy) |  | Citizenship |  |
| Sex |  | Academic year | 20../20.. |
| Study cycle |  | Subject area,  Code | Choose appropriate |
| Phone |  | E-mail |  |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Faculty |  |
| Erasmus code  (if applicable) |  | Department |  |
| Address |  | Country, Country code |  |
| Contact person  name |  | Contact person e-mail / phone |  |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Vilnius University | Faculty | Choose appropriate |
| Erasmus code  (if applicable) | LTVILNIUS01 | Department (optional) |  |
| Address | Universiteto str. 3 | Country, Country code | LT 01513 Vilnius,  Lithuania |
| Contact person name, e-mail address | Choose appropriate | | |

*Faculty coordinator:*

*Name Choose appropriate*

*Faculty coordinator for minor studies (if any):*

*Name*

#### **Section to be completed BEFORE THE MOBILITY**

**I. PROPOSED MOBILITY PROGRAMME**

Student name

Planned period of the mobility: from [month/year] ……………. till [month/year] ……………

Table A: Study programme abroad.

|  |  |  |  |
| --- | --- | --- | --- |
| **Component code (if any)** | **Component title (as indicated in the course catalogue) at the receiving institution** | **Semester [autumn / spring] [or term]** | **Number of ECTS credits to be awarded by the receiving institution upon successful completion** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | Total: ………… |

**Web link to the course catalogue at the receiving institution:**

|  |
| --- |
| [*http://www.vu.lt/en/studies/exchange-students/courses-taught-in-foreign-languages*](http://www.vu.lt/en/studies/exchange-students/courses-taught-in-foreign-languages) |

Table B: Set of components to be replaced at sending institution

|  |  |  |  |
| --- | --- | --- | --- |
| **Component code (if any)** | **Component title (as indicated in the course catalogue) at the sending institution** | **Semester [autumn / spring] [or term]** | **Number of ECTS credits** |
|  |  |  |  |
|  |  |  | Total: ………… |

**Provisions that will apply if some educational components would not be successfully completed:**

|  |
| --- |
| *[Please, specify or provide a weblink to the relevant information.]* |

|  |
| --- |
| **Language competence of the student**  The level of language competence in *[language of instruction]* that the student already has or agrees to acquire by the start of the study period is:    Please note that for courses taught in foreign languages at Vilnius University **B1** level is required |

*[Other specific requirements that the sending or the receiving institution need to introduce can be added in this box.]*

**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. Sending and receiving institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the inter-institutional agreement for institutions located in partner countries).

The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.

The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties.

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 name  Student’s signature Date: |

|  |
| --- |
| **The sending institution**  Faculty coordinator’s signature Date:  Faculty coordinator’s for minor studies (if any) signature  Date: |

|  |
| --- |
| **The receiving institution**  Responsible person’s signature Date: |

**Section to be completed DURING THE MOBILITY**

#### **CHANGES TO THE ORIGINAL LEARNING AGREEMENT**

#### **I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME**

#### Student name: ............

#### Table C: Exceptional changes to study programme abroad

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Component code (if any) at the receiving institution** | **Component title (as indicated in the course catalogue) at the receiving institution** | **Deleted component**  ***[tick if applicable]*** | **Added component**  ***[tick if applicable]*** | **Reason for change[[1]](#endnote-1)** | **Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component** |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  | | | | | Total: ………… |

1. **Reasons for exceptional changes to study programme abroad:**

   |  |  |
   | --- | --- |
   | *Reasons for deleting a component* | *Reason for adding a component* |
   | A1) Previously selected educational component is not available at receiving institution | B1) Substituting a deleted component |
   | A2) Component is in a different language than previously specified in the course catalogue | B2) Extending the mobility period |
   | A3) Timetable conflict | B3) Other (please specify) |
   | A4) Other (please specify) |  |

   #### **II. CHANGES IN THE RESPONSIBLE PERSON(S), if any:**

   |  |
   | --- |
   | **New responsible person in the sending institution:**  Name: Function:  Phone number: E-mail: |

   |  |
   | --- |
   | **New responsible person in the receiving institution:**  Name: Function:  Phone number: E-mail: |

   #### **III. COMMITMENT OF THE THREE PARTIES**

   The student, the sending institution and the receiving institution confirm that the proposed amendments to the Learning Agreement are approved.

   |  |
   | --- |
   | **The student**  Student’s signature or approval by e-mail Date: |

   |  |
   | --- |
   | **The sending institution**  Responsible person’s signature or approval by e-mail Date: |

   |  |
   | --- |
   | **The receiving institution**  Responsible person’s signature or approval by e-mail Date: |

   **Section to be completed AFTER THE MOBILITY**

   #### **RECOGNITION DOCUMENT**

   Student name .............

   Start and end dates of the study period: from *[day/month/year]* till *[day/month/year]*.

   Table E: Transcript of Records

   |  |  |  |  |  |
   | --- | --- | --- | --- | --- |
   | **Component code (if any)** | **Component title (as indicated in the course catalogue) at the receiving institution** | **Was the component successfully completed by the student? [Yes/No]** | **Number of ECTS credits** | **Receiving institution grade** |
   |  |  |  |  |  |
   |  |  |  |  |  |
   |  |  |  |  |  |
   |  |  |  | *Total:* |  |

   |  |
   | --- |
   | *[Signature of responsible person in receiving institution and date]* |

   Table F: Recognition outcomes

   |  |  |  |  |
   | --- | --- | --- | --- |
   | **Component code (if any)** | **Component title (as indicated in the course catalogue) at the sending institution** | **Number of ECTS credits** | **Sending institution grade, if applicable** |
   |  |  |  |  |
   |  |  |  |  |
   |  |  |  |  |
   |  |  | *Total:* |  |

   |  |
   | --- |
   | *[Signature of responsible person in sending institution and date]* |

   [↑](#endnote-ref-1)