**YEAR ABROAD LEARNING AGREEMENT FOR STUDIES IN EUROPE**

**Sections 1 and 2 of this form should be completed before commencing the study placement overseas.**

**Section 1 – Contact details**

**The Student**

|  |  |
| --- | --- |
| **a) Full Name:** |  |
| **b) Study Level:** |   |
| **c) Field of Study:**  |  |

**The Home University**

|  |  |
| --- | --- |
| **d) Name and address:** | University of Cambridge, The Old Schools,Trinity Lane, Cambridge, CB2 1TN, UK |
| **e) Department or Faculty:** |  |
| **f) Departmental Coordinator name, email, phone:**  |  |

**The Host University**

|  |  |
| --- | --- |
| **g) Name and address:** |  |
| **h) Department and Faculty:** |  |
| **i) Departmental Coordinator name, email, phone** |  |

#### **Section 2**

**a) PROPOSED STUDY PLAN**

Planned period of the mobility: from [day/month/year] to [day/month/year].

**b) Provisional Module Choices**

|  |  |  |  |
| --- | --- | --- | --- |
| **Module Code**  | **Module Title** | **Autumn/Spring/Full Year** | **ECTS credit value**  |
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|  | **Total:**  |

**c) Web Link to the Course Catalogue:**

Please provide the web link to the course catalogue where you found the above modules:

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|  |

**COMMITMENT OF THE THREE PARTIES**

**Please send the Learning Agreement to your departmental contact at the host institution for signature, then sign the document yourself and forward it to your Cambridge departmental co-ordinator for final signature.**

By signing this document, the student, the home university and the host university confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties.

The host university confirms that the provisional module choices listed above are in line with its course catalogue and should be available to the student.

The student and the host university will communicate to the University of Cambridge any problems or changes regarding the study programme, responsible persons and/or study period.

**Commitment**

|  |
| --- |
| **The student: Name** **Email: Position:** StudentSignature Date:  |
| **Home university – departmental coordinator:****Email: Position:** Signature Date:  |
| **Host university – departmental coordinator Name:** **Email: Position:** Signature Date:  |

**Section 3**

**To be completed during the study placement if there are changes to the original Learning Agreement**

1. **changes to the period of mobility: From [dd/mm/yy] till [dd/mm/yy]**
2. **changes to the study plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Module Code**  | **Module Title** | **Deleted Module** | **Added Module** | **Reason for change (see below)** | **ECTS Credit Value** |
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|  | Total: ………… |

**Reason for adding a module;** 1= module no longer available, 2=module is in a different language than specified, 3=timetable conflict 4=other (please specify) **Reason for deleting a module;** 1=substituting a deleted component, 2=extending mobility period, 3=other (please specify)

The student, the home and host universities confirm that they approve the proposed amendments to the study programme.

**Approval by e-mail or signature of the student and of the home and host universities’ responsible persons.**

|  |
| --- |
| **The student: Name** **Email: Position:** StudentSignature Date:  |
| **Home university – departmental coordinator:** **Email: Position:** Signature Date:  |
| **Host university – departmental coordinator Name:** **Email: Position:** Signature Date:  |

**Section 4**

**To be completed after your study placement**

#### **RECOGNITION OUTCOMES**

#### **HOST UNIVERSITY’S TRANSCRIPT OF RECORDS**

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

Your host university must either complete the table below or if a transcript of records is available which includes all the information (including official start and end dates) it should be attached to this document.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Module code**  | **Module Title** | **Completed?** | **ECTS Credit Value**  | **Grade Awarded** |
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| **Total:** |  |  |

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| --- |
| **Host university – departmental coordinator**Responsible person’s signature: Date:  |