

## Learning agreement for exchange studies

<b>The Student</b>	<b>Last name:</b> <b>First name:</b> Date of birth (dd/mm/yyyy): Gender: Nationality: Phone: Email:
<b>The Sending Institution</b>	<b>Country: Finland</b> <b>Name: Åbo Akademi University</b> Erasmus Institutional Coordinator: Harriet Klåvus, harriet.klavus@abo.fi Erasmus code: SF TURKU02
<b>The Receiving Institution</b>	<b>Country:</b> <b>Name:</b> Erasmus code: Department: Field of study at the receiving institution:
<b>The Mobility Programme</b>	Academic year: Period (semesters): Study cycle (BA, MA or PhD):

**Planned period of the mobility:** from (month/year):                      till (month/year):

### 1. Proposed Mobility Programme

This Learning Agreement includes all the educational components to be carried out by the student at the receiving institution. The student is recommended to take educational components totaling a minimum of 30 ECTS credits per semester.

Course code	Course title	Semester (autumn/spring)	ECTS credits
<b>TOTAL</b>			

**Web link to the course catalogue at the receiving institution describing the learning outcomes:**

*Web link(s):*

**Hur studierna tillgodoräknas vid Åbo Akademi:**

Course code	Course title	Academic period	ECTS credits
<b>TOTAL</b>			

**Language competence of the student**

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

A1  A2  B1  B2  C1  C2

**2. Responsible Persons**
**Responsible person at Åbo Akademi University (ämneskoordinator):**

Name: \_\_\_\_\_ Function: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Responsible person in the receiving institution (lämnas oifyllt):**

Name: \_\_\_\_\_ Function: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**3. Commitment of the three parties according to the Erasmus+ rules**
**The student**

Student's signature \_\_\_\_\_ Date: \_\_\_\_\_

**The sending institution**

Responsible person's signature (ämneskoordinator) \_\_\_\_\_ Date: \_\_\_\_\_

**The receiving institution**

Responsible person's signature \_\_\_\_\_ Date: \_\_\_\_\_

**Section to be completed DURING THE MOBILITY**

**Exceptional changes to the original learning agreement**

Course code	Course title	Deleted course	Added course	Reason for change <sup>i</sup>	ECTS credits
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
					Total: .....

The student, the sending and the receiving institutions confirm that they approve the proposed amendments to the mobility programme.

Approval **by e-mail** or signature of the student and of the sending and receiving institution responsible persons.

<b>The student</b>	
Student's signature	Date:

<b>The sending institution</b>	
Responsible person's signature (ämneskoordinator)	Date:

<b>The receiving institution</b>	
Responsible person's signature	Date:

**<sup>i</sup> Reasons for exceptional changes to study programme abroad:**

<i>Reasons for deleting a component</i>	<i>Reason for adding a component</i>
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)	