**Learning Agreement for Virtual Studies**

|  |  |  |  |
| --- | --- | --- | --- |
| **The Student** | | | |
| Last name(s) |  | First name(s) |  |
| Date of birth |  | Nationality[[1]](#endnote-1) |  |
| Gender [*M/F*] |  | Academic year |  |
| Study cycle[[2]](#endnote-2) |  | Study programme |  |
| E-mail |  |  |  |
| **The Sending Institution** | | | |
| Name | **University of Lodz** | Faculty |  |
| Erasmus code | **PL LODZ01** | Country | **POLAND** |
| Contact person[[3]](#endnote-3)  name |  | Contact person e-mail / phone |  |
| **The Receiving Institution** | | | |
| Name |  | Faculty |  |
| Erasmus code |  | Country |  |
| Contact person name |  | Contact person e-mail / phone |  |

1. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-1)
2. **Study cycle:** Short cycle (EQF level 5) / bachelor or equivalent first cycle (EQF level 6) / master or equivalent second cycle (EQF level 7) / doctorate or equivalent third cycle (EQF level 8). [↑](#endnote-ref-2)
3. **Contact person**: a person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or will work at the international relations office or equivalent body within the institution.

   **PROPOSED MOBILITY PROGRAMME**

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

   Virtual study programme

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

   Educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad (if relevant)

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

   The following courses from summer/winter semester in the academic year …… will have to be taken at University of Lodz

   |  |  |  |
   | --- | --- | --- |
   | **Course title** | **Number of hours** | **Number of ECTS credits** |
   |  |  |  |
   |  |  |  |
   |  |  |  |
   |  |  |  |
   |  |  |  |
   |  |  | Total: ………… |

   **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 for Virtual Studies 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 receiving institution confirms that the educational components listed are in line with its course catalogue.

   |  |
   | --- |
   | **The student**  Student’s signature Date: |

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

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

   [↑](#endnote-ref-3)