

LEARNING AGREEMENT - STUDENT MOBILITY FOR STUDIES

The Student	
Last name:	First name:
Date of birth:	Nationality ¹ :
Gender:	Academic Year:
Study Cycle ² : <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PhD	Field of Education ³ :
Registration number:	Study program:

The Sending Institution	
Name of Institution: Katholische Universität Eichstätt-Ingolstadt	Faculty / Department:
Erasmus Code: D Eichsta01	
Address Campus Eichstätt : Ostenstrasse 26 D – 85072 Eichstätt Germany	Address Campus Ingolstadt : Auf der Schanz 49 D – 85049 Ingolstadt Germany
Contact Person: Campus Eichstätt Stephany Koujou +49 8421 93 21631 outgoing@ku.de	Contact Person: Campus Ingolstadt Armelle Langenwald +49 841 937 21970 outgoing@ku.de

The Receiving Institution		
Name of Institution:	Faculty / Department:	
Erasmus Code (if applicable) ⁴ :		
Address:	Country:	
Contact Person ⁵ :	Phone:	Email:

¹ Nationality: country to which the person belongs administratively and that issues the ID card and/or passport.

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)

³ Field of education: The [ISCED-F 2013 search tool](http://ec.europa.eu/education/international-standard-classification-of-education-isc-ed_en) available at http://ec.europa.eu/education/international-standard-classification-of-education-isc-ed_en should be used to find the ISCED 2013 detailed field of education and training that is closest to the subject of the degree to be awarded to the student by the Sending Institution.

⁴ Erasmus code: a unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education (ECHE) receives. It is only applicable to higher education institutions located in Programme Countries.

⁵ Contact person: 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 works at the international relations office or equivalent body within the institution.

COMMITMENT OF THE THREE PARTIES

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 (or the principles agreed in the Inter-Institutional Agreement for institutions located in Partner Countries). 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 in Table A are in line with its course catalogue 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 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 the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period.

The student

Name:

Function:

Student

Date:

Signature:

Responsible person¹⁰ at the Sending Institution

Name:

Function:

Representant / Chairman of the
examination board

Date:

Signature:

Responsible Person at the Receiving Institution

Name:

Function:

Date:

Signature:

¹⁰ Responsible person at the Sending Institution: an academic who has the authority to approve the Learning Agreement, to exceptionally amend it when it is needed, as well as to guarantee full recognition of such programme on behalf of the responsible academic body. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.