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| ***This whole form must be completed on computer and then printed.*** | | | | | | | | | | | | | | |
| **Student** | **Last name(s)** | | | | **E-mail address** | | | **Sex [M/F]** | **Field of education ISCED** | | | | **Study cycle** | |
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| **First name(s)** | | | | **Phone** | | | **Nationality** | **Date of birth** [day/month/year] | | | | xxx | |
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| **Sending Institution** | **Name** | | | | **Faculty/ Department** | | | **Erasmus code** | **Address** | | | | **Country** | |
| **Czech University of Life Sciences**  **Prague** | | | |  | | | **CZ PRAHA02** | Kamýcká 129  165 00 Praha – Suchdol | | | | Czech Republic | |
| **Responsible person name (= Departmental Coordinator)**  **email; phone** | | | | | | | **Institutional Coordinator**  **email; phone** | | | | | | |
|  | | | | | | | Bc. Ondřej Votinský  votinsky@rektorat.czu.cz, +420 224 382 518 | | | | | | |
|  |  | | | |  | | |  |  | | |  | | |
| **Receiving Institution** | **Name** | | | | **Faculty/ Department** | | | **Erasmus code** | **Address** | | | | **Country** | |
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| **Responsible person name (= Departmental Coordinator)**  **email; phone** | | | | | | | **Institutional Coordinator**  **email; phone** | | | | | | |
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| **Before the mobility** | | | | | | | | | | | | | | |
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| The level of language competence in \_\_\_\_\_\_\_\_\_\_\_\_ [*indicate here the main language of instruction*] that the student already has or agrees to acquire by the start of the study period is: *A1*  *A2*  *B1*  *B2*  *C1*  *C2*  *Native speaker* | | | | | | | | | | | | | | |

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| ***Commitment***  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 Sending 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 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. |

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|  | ***Study Programme at the Receiving Institution***  **Planned period of the mobility: from [month/year] ……………..……. to [month/year] …………….……** | | | |
| **Table A**  **Before the mobility** | **Component code** (if any) | **Component title at the Receiving Institution** (as indicated in the course catalogue) | **Semester** [e.g. autumn/spring; term] | **Number of ECTS credits to be awarded by the Receiving Institution upon successful completion** |
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| Web link to the course catalogue at the Receiving Institution describing the learning outcomes: …………………………………………………………………………………………… | | | | |

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|  | ***Recognition at the Sending Institution*** | | | | | | | | | | | | | |
| **Table B**  **Before the mobility** | **Component code**  (if any) | | **Component title at the Sending Institution** (as indicated in the course catalogue) | | | | | | **Semester** [e.g. autumn/spring; term] | | | **Number of ECTS credits to be recognised by the Sending Institution** | | |
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| Provisions applying if the student does not complete successfully some educational components: *[web link to the relevant information]* | | | | | | | | | | | | | | |
|  |  | |  |  | |  |  | | |  | | |  |  |
| **Commitment** | | **Name** | | | **Email** | | | **Date** | | | **Signature and stamp** | | | |
| Student[[1]](#footnote-1) | |  | | |  | | |  | | |  | | | |
| Responsible person at theSending Institution[[2]](#footnote-2) | |  | | |  | | |  | | |  | | | |
| Responsible person at theReceiving Institution[[3]](#footnote-3) | |  | | |  | | |  | | |  | | | |

1. Firstly student signs, then the Responsible person at the Sending Institution, finally the Receiving Institution signs [↑](#footnote-ref-1)
2. Faculty coordinator CZU [↑](#footnote-ref-2)
3. Coordinator at the foreign university [↑](#footnote-ref-3)