

International Mobility LEARNING AGREEMENT – PACKAGE 1

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

Academic year:

Study period: Fall

Field of study: IBM (International Business Management)

Name of student:
Sending institution: Country:

DETAILS OF THE PROPOSED STUDY PROGRAM ABROAD/LEARNING AGREEMENT

Receiving institution: Haute école de gestion (HEG) Geneva	Country: Switzerland
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Course unit code and course unit title	ECTS credits	Yes	No
30111 Business Management	4	<input type="checkbox"/>	<input type="checkbox"/>
30311 Marketing Principles I	3	<input type="checkbox"/>	<input type="checkbox"/>
30411 Leading yourself	2	<input type="checkbox"/>	<input type="checkbox"/>
30511 Microeconomics	4	<input type="checkbox"/>	<input type="checkbox"/>
30611 Business Law	3	<input type="checkbox"/>	<input type="checkbox"/>
30811 English Communication 1	2	<input type="checkbox"/>	<input type="checkbox"/>
French courses – Alternative course for French native speakers	ECTS credits	French level	
30828a French for non-native speakers (A1) 2 TRUE beginners	2	<input type="checkbox"/>	
30828b French for non-native speakers (A1) 2 FALSE beginners		<input type="checkbox"/>	
30828 French for non-native speakers (A1-2) 2 Intermediate B2		<input type="checkbox"/>	
Alternative course for French native speakers:		<input type="checkbox"/>	
2 electives out of 4 to be confirmed by HEG coordinator upon registration (course code + title)	ECTS credits	DO NOT FILL	
Elective 1:	5	<input type="checkbox"/>	
Elective 2:	5	<input type="checkbox"/>	
Elective 3:	5	<input type="checkbox"/>	
Elective 4:	5	<input type="checkbox"/>	
Total ECTS:			

Fair translation of grades must be ensured and the student has been informed about the methodology

Student's signature.....	Date:
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SENDING INSTITUTION	
We confirm that the proposed program of study/learning agreement is approved.	
Departmental coordinator's signature	Institutional coordinator's signature
.....
Date:	Date:

RECEIVING INSTITUTION	
We confirm that this proposed programme of study/learning agreement is approved.	
Departmental coordinator's signature	Institutional coordinator's signature
.....
Date:	Date: