

# International Mobility LEARNING AGREEMENT – PACKAGE 2

## 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
30122 Global HR Management	3	<input type="checkbox"/>	<input type="checkbox"/>
30123 International Supply Chain	2	<input type="checkbox"/>	<input type="checkbox"/>
30222 Financing and Valuation	2	<input type="checkbox"/>	<input type="checkbox"/>
30321 Market Research Fundamentals	3	<input type="checkbox"/>	<input type="checkbox"/>
30323 Channel Management	2	<input type="checkbox"/>	<input type="checkbox"/>
30521 International Trade	2	<input type="checkbox"/>	<input type="checkbox"/>
30522 International Relations	2	<input type="checkbox"/>	<input type="checkbox"/>
30831 English Communication 3	2	<input type="checkbox"/>	<input type="checkbox"/>
French courses – Alternative course for French native speakers	ECTS credits	French level	
30824a French for non-native speakers (A1) 2 TRUE beginners	2	<input type="checkbox"/>	
30824b French for non-native speakers (A1) 2 FALSE beginners		<input type="checkbox"/>	
30824 French for non-native speakers (A1-2) 2 Intermediate B2		<input type="checkbox"/>	
Alternative course for French native speakers: 30523 International Organization		<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"/>	
<b>Total ECTS:</b>			

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

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

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