

Learning Agreement

The purpose of the Learning Agreement is to provide a transparent and efficient preparation of the study period abroad and to ensure that the student will receive recognition in his/her degree for the courses successfully completed abroad. By signing this document, the student, the home institution and the host institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. Home and host institutions undertake to apply all the principles of the Erasmus Charter for Higher Education and/or the SEMP Charter relating to mobility for studies (and potential principles agreed in the Inter-Institutional Agreement). The host institution confirms that the courses listed in Table A are in line with its course catalogue and should be available to the student. The home institution commits to recognise all the credits or equivalent units gained at the host institution for the successfully completed courses and to count them towards the student's degree. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties. The student and the host institution will communicate to the home institution any problems or changes regarding the study programme, responsible persons and/or study period.

Student	Last name(s)	First name(s)	Date of birth	
	E-mail		Study cycle	
				<input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD
	Field of study at HEG			
	<input type="checkbox"/> EE full time <input type="checkbox"/> EE work program <input type="checkbox"/> Registered in B&F	<input type="checkbox"/> IBM full time <input type="checkbox"/> IBM part time	<input type="checkbox"/> IG full time <input type="checkbox"/> IG part time	<input type="checkbox"/> IS full time <input type="checkbox"/> IS part time <input type="checkbox"/> Master IS
	Semester(s) of study abroad			
<input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> S5 <input type="checkbox"/> S6 <input type="checkbox"/> S7 <input type="checkbox"/> S8				
Sending Institution	Name of institution	Faculty/Department or Study Programme	City and Country	
	HES-SO Haute école spécialisée de Suisse occidentale	Haute école de gestion de Genève (HEG)	Geneva - Switzerland	
	Erasmus Code	First and last name of contact person	E-mail	
CH DELEMON02	Xavier Burdet	xavier.burdet@hesge.ch		
Receiving Institution	Name of institution	Faculty/Department or Study Programme	City and Country	
	Erasmus Code	First and last name of contact person	E-mail	
Planned period of the mobility	from [dd/mm/yyyy] _____ to [dd/mm/yyyy] _____	This LA refers to (choose only one):	<input type="checkbox"/> autumn semester <input type="checkbox"/> spring semester	

All parties must sign the Learning Agreement before the start of the mobility. It is not compulsory to circulate a paper document to collect original signatures. Scanned copies of signatures or digital signatures may be accepted, depending on the national legislation or institutional regulations. Table A states the courses to be attended at the receiving institution and the number of ECTS credits (or equivalent) to be awarded upon successful completion.

Table A: Courses to be attended at the Receiving Institution

Course unit code (if any) and title (as indicated in the catalogue of the Receiving Institution)	Language of instruction	Local credits	ECTS conversion
Level of equivalence			
		Tot.	Tot.

During the mobility period: exceptional changes

Exceptional changes to the courses listed in Table A have to be approved by the student, the responsible person in the home institution and the responsible person in the host institution by email or signature. Any changes should be clearly documented in a new Learning Agreement and should be done as early as possible after the beginning of the courses.

Student

Place, date: _____ Signature: _____

Responsible contact person at the home institution

Place, date: _____ Signature: _____

Responsible contact person at the host institution

Place, date: _____ Signature: _____