Learning Agreement

Place, date: _

_____Signature: _

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 recarding the study programme, responsible persons and/or study period.

	Last name(s)	First name(s)		Date of birth		
	E	mail			Study cycl	е
				☐ Bachelor	r □ Maste	er 🗆 PhD
Student	Field of study at HEG □ EE full time □ EE work program □ Registered in B&F	time ☐ IG part time		☐ IS full time ☐ IS part time ☐ Master IS		
	Semester(s) of study abroad					
	□ S3 [1 S4 □ S5 □ S6 □ S7		□ S8		
Sending Institution Receiving Institution	Name of institution	Faculty/Department or Study Program	me	City and Country		
	HES-SO Haute école spécialisée de Suisse occidentale	Haute école de gestion de Genève (HEC	G)	Geneva - Switzerland		zerland
	Erasmus Code	First and last name of contact person	n		E-mail	
	CH DELEMON02	Benoît Epron		beno	it.epron@h	esge.ch
	Name of institution	Faculty/Department or Study Program	me	Ci	ity and Cοι	untry
	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):		□ autumn □ spring	semester	
•	sign the Learning Agreement before the start					-
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