



LEARNING AGREEMENT FOR STUDIES

The Student

Last name (s)		First name (s)	
Date of birth		Nationality ¹	
Sex	M <input type="checkbox"/> F <input type="checkbox"/>	Academic year	20 / 20
Study cycle ²		Subject area, Code ³	
Phone		E-mail	

The Sending Institution

Name	Univ. Complutense	Faculty	Philology
Erasmus code (if applicable)	MADRID03	Department	-
Address	Facultad de Filología, Ed. D Ciudad Universitaria s/n 28040 Madrid	Country, Country code ⁴	ES
Contact person ⁵ name	(Erasmus Coordinator) (Administrative)	Contact person e-mail / phone	intfil@ucm.es 0034913945400

The Receiving Institution

Name		Faculty	
Erasmus code (if applicable)		Department	
Address		Country, Country code	
Contact person name		Contact person e-mail / phone	

For guidelines, please look at Annex 1, for end notes please look at Annex 2.



Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from [month/year] till [month/year]

Table A: Study programme abroad /Asignaturas a cursar en la universidad de destino

Component ⁶ code / Código	Component title at the receiving institution / Asignatura	Semester or term / Periodo de estudios	Number of ECTS credits or equivalent / Número de créditos ECTS o equivalente
			Total:

Web link to the course catalogue at the receiving institution describing the learning outcomes:

[Web link(s) to be provided.]

Table B: Group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad NB no one to one match with Table A is required. / Asignaturas matriculadas en universidad de origen.

Component ⁷ code / Código	Component title at the receiving institution / Asignatura	Semester or term / Periodo de estudios	Number of ECTS credits or equivalent / Número de créditos ECTS o equivalente



			Total:

If the student does not complete successfully some educational components, the following provisions will apply:

The student will be able to do an extraordinary exam in June/September.

Language competence of the student

The level of language competence⁸ in *[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



II. RESPONSIBLE PERSONS

Responsible person⁹ in the sending institution:

Name: _____ Function: Dptal. Coordinator
Phone number: _____ E-mail: _____

Responsible person¹⁰ in the receiving institution:

Name: _____ Function: _____
Phone number: _____ E-mail: _____

III. COMMITMENT OF THE THREE PARTIES

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed 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 receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.

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 receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period.

The student

Student's signature: _____ Date: _____

The sending institution

Departmental Coordinator

Signature: _____

Date: _____

Erasmus Coordinator
(Philology Faculty)

Signature: _____

Date: _____

The receiving institution

Responsible person's signature: _____ Date: _____