

LEARNING AGREEMENT FOR STUDIES

The Student

Last name (s)	First name (s)	
Date of birth	Nationality	
Sex [<i>M/F</i>]	Academic year	
Study cycle	Subject area, Code	071
Phone	E-mail	

The Sending Institution

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

The Receiving Institution

Name	Universitat Politècnica Catalunya	Faculty	EETAC
Erasmus code (if applicable)	E BARCELO03	Department	EETAC/Aeronautical Engineering
Address	C/ Esteve Terradas 10 Edifici D7 08860 Castelldefels	Country, Country code	Spain, ES-B
Contact person name	Maria Jesús Melo	Contact person e-mail / phone	EETAC.mobilitat.estudiants@upc.edu +34 93 5523518 +34 93 4137020



Section to be completed BEFORE THE MOBILITY

I. PROPOSED I	1. PROPOSED MOBILITY PROGRAMME					
Planned period of the mobility: from [] till []						
Table A: Study programme abroad						
Component code (if any)	Component title (as indicated in the course catalogue) at the receiving institution	Semester [autumn / spring] [or term]	Number of ECTS credits to be awarded by the receiving institution upon successful completion			
Web link to the course catalogue at the receiving institution describing the learning outcomes:						
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. Where all credits in Table A are recognised as forming part of the programme at the sending institution without any further conditions being applied, Table B may be completed with a reference to the mobility window (see guidelines).						
Component code (if any)	Component title (as indicated in the course catalogue) at the sending institution	Semester [autumn / spring] [or term]	Number of ECTS credits			
If the student does not complete successfully some educational components, the following provisions will apply:						
[Please, specify or provide a web link to the relevant information.] no cal posar res						
Language competence of the student						
The level of language competence in [the main language of instruction] that the student already has or agrees to acquire by the start of the study period is: A1 \square A2 \square B1 \square B2 \times C1 \square C2 \square						



II. RESPONSIBLE PERSONS

Responsible person in the sending institution:						
lame: Function:						
Phone number: E-mail:						
Responsible person ⁱ in the receiving institution:						
Name: Silvia Ruiz	Function: Institutional Coordinator					
Phone number: 93 552 35 18	E-mail: <u>EETAC.Relacions.Externes@upc.edu</u>					
III. COMMITMENT OF THE THREE PAR	RTIES					
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						
Responsible person's signature	Date:					
The receiving institution						
Responsible person's signature	Date:					



Section to be completed AFTER THE MOBILITY

RECOGNITION DOCUMENT

Start and end dates of the study period: from [day/month/year] till [day/month/year].

Table E: Transcript of Records

[Signature of responsible person in receiving institution, date, stamp]

Compon ent code (if any)	Component title (as indicated in the course catalogue) at the receiving institution	Was the component successfully completed by the student? [Yes/No]	Number credits	of	ECTS	Receiving institution grade
			Total:			
Name:						

Date: