**LEARNING AGREEMENT**

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| **STUDENT** |
| Last name(s)…………………………………………………….. | First name(s)…………………………………... | Mobile……………………………… |
| Date of birth…………………………… | Nationality……………………………………………………………………………. | Sex (M/F)……………… |
| Study cycle…………………………………………… | Field of education ………………………………… | Identification n°…………………… |

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| **SENDING INSTITUTION** |
| Name: **Università degli Studi di Firenze** | Faculty/Department: **Scuola di Architettura** |
| Address: **Via della Mattonaia, 8**  | Country: **Italy** | Contact Person name: **Prof.ssa Camilla Perrone archint@unifi.it** |

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| **RECEIVING INSTITUTION** |
| Name: ……………………………………………………………………... | Faculty/Department:…………………………………………………. |
| Address:………………………………………….  | Country:……………………… | Contact Person name, email, phone:………………………………………………………………………………………….. |

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| **BEFORE the mobility** |
| **Table A - Study Programme at the Receiving Institution** Planned period of the mobility: from [month/year] ……………………………….. to [month/year] ……………………………….. |
| **The level of language competence** in …………………………………………………………………………………………………………. [*indicate here 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* ☐ *Native speaker* ☐ |
| **Componentcode***(if any)* | **Component title at the Receiving Institution + Web link** to the course catalogue*(as indicated in the course catalogue)* | **Semester** *[e.g. autumn spring; term]* | **Number of ECTS credits** (or equivalent) to be awarded by the Receiving Institution upon successful completion |
| 1  |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
|  | **Total: ………** |

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| **Table B - Recognition at the SendingInstitution**  |
| **Componentcode***(if any)* | **Component title at the Receiving Institution + Web link** to the course catalogue*(as indicated in the course catalogue)* | **Semester** *[e.g. autumn spring; term]* | **Number of ECTS credits** (or equivalent) to be recognised by the Sending Institution |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
|  | **Total: ………** |

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| **Commitment** By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the 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 Beneficiary Institution and the student should also commit to what is set out in the Erasmus+ grant agreement. The Receiving Institution confirms that the educational components listed in Table A are in line with its course catalogue and should be available to the student. The Sending Institution commits to recognise all the credits or equivalent units 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 the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period. |
| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature and STAMP** |
| **Student** |  |  | *Student* |  |  |
| **Responsible person at the Sending Institution** | Prof. Camilla Perrone | archint@unifi.it  | *Erasmus+ Delegate and International Mobility* |  |  |
| **Responsible person at the Receiving Institution** |  |  |  |  |  |

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| **DURING the mobility** |
| **Table A2 - Exceptional changes to Table A**(to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Institution) |
| **Componentcode***(if any)* | **Component title at the Receiving Institution***(as indicated in the course catalogue)* | **Deleted component**[tick if applicable] | **Added component**[tick if applicable] | **Reason of change**[choose an item] | **Number of ECTS credits** (or equivalent) |
| 1 |  |  | ☐ | ☐ |  |  |
| 2 |  |  | ☐ | ☐ |  |  |
| 3 |  |  | ☐ | ☐ |  |  |
| 4 |  |  | ☐ | ☐ |  |  |
| 5 |  |  | ☐ | ☐ |  |  |
| 6 |  |  | ☐ | ☐ |  |  |
| 7 |  |  | ☐ | ☐ |  |  |
| 8 |  |  | ☐ | ☐ |  |  |
| 9 |  |  | ☐ | ☐ |  |  |
| 10 |  |  | ☐ | ☐ |  |  |
| 11 |  |  | ☐ | ☐ |  |  |
| 12 |  |  | ☐ | ☐ |  |  |
| 13 |  |  | ☐ | ☐ |  |  |
| 14 |  |  | ☐ | ☐ |  |  |
| 15 |  |  | ☐ | ☐ |  |  |
| 16 |  |  | ☐ | ☐ |  |  |
| 17 |  |  | ☐ | ☐ |  |  |
| 18 |  |  | ☐ | ☐ |  |  |

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| **Table B2 - Exceptional changes to Table B**(to be approved by e-mail or signature by the student and the responsible person in the Sending) |
| **Componentcode***(if any)* | **Component title at the Receiving Institution***(as indicated in the course catalogue)* | **Deleted component**[tick if applicable] | **Added component**[tick if applicable] | **Reason of change**[choose an item] | **Number of ECTS credits** (or equivalent) |
| 1 |  |  | ☐ | ☐ |  |  |
| 2 |  |  | ☐ | ☐ |  |  |
| 3 |  |  | ☐ | ☐ |  |  |
| 4 |  |  | ☐ | ☐ |  |  |
| 5 |  |  | ☐ | ☐ |  |  |
| 6 |  |  | ☐ | ☐ |  |  |
| 7 |  |  | ☐ | ☐ |  |  |
| 8 |  |  | ☐ | ☐ |  |  |
| 9 |  |  | ☐ | ☐ |  |  |
| 10 |  |  | ☐ | ☐ |  |  |
| 11 |  |  | ☐ | ☐ |  |  |
| 12 |  |  | ☐ | ☐ |  |  |
| 13 |  |  | ☐ | ☐ |  |  |
| 14 |  |  | ☐ | ☐ |  |  |
| 15 |  |  | ☐ | ☐ |  |  |
| 16 |  |  | ☐ | ☐ |  |  |
| 17 |  |  | ☐ | ☐ |  |  |
| 18 |  |  | ☐ | ☐ |  |  |

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| **Changes of the Responsible person(s)**In case of changes of the responsible person(s), the information below should be inserted by the Sending or Receiving Institution, where applicable |
|  | **Name** | **Email**  | **Position** |
| New Responsible person at the **Sending** Institution |   |   |   |
| New Responsible person at the**Receiving** Institution |   |   |   |

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| **Signatures for the approval of the changes** |
|  | **Date** | **Signature**  |
| **Student** |  |  |
| New Responsible person at the **Sending** Institution |   |   |
| New Responsible person at the**Receiving** Institution |   |   |