**Learning Agreement**

The purpose of the Learning Agreement is: please read [here](https://www3.unifr.ch/studies/fr/mobilite/outgoing/infopratiques/contratetudeprep.html).

**General information**

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| --- | --- | --- | --- |
| **Student** | **Last name** | **First name** | **E-mail** |
|  |  |  |
| **Sending Institution** | **Name of institution** | **Faculty/Department or Study Programme** | **Country** |
|  |  |  |
| **Receiving Institution** | **Name of institution** | **Faculty/Department or Study Programme** | **Country** |
| **University of Fribourg** |  | **Switzerland** |
| **Study level** | **□ Bachelor** | **□ Master** | **□ Doctorate** |
| **Planned period of the mobility** | **from [month/year] \_\_\_\_\_\_\_ to [month/year] \_\_\_\_\_\_\_\_** | | |

**Courses to be attended**

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** | **Course title** (as indicated in the catalogue of the Receiving Institution) | **ECTS credits** |
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|  |  |  |
| **Total number of credits** | |  |

**Exceptional changes**

Exceptional changes to the courses listed in Table A have 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. Any changes should be clearly documented as an annex to this Learning Agreement (e.g. e-mail exchange, new learning agreement, list of courses delivered by the receiving institution) and should be done as early as possible after the beginning of the semester.

**Commitment**

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.

|  |  |  |
| --- | --- | --- |
|  | **Name and signature** | **Date** |
| **Student** |  |  |
| **Responsible person at the Sending Institution** |  |  |
| **Departmental coordinator at University of Fribourg** |  |  |