



LEARNING AGREEMENT FOR STUDIES

Georgius Agricola Scholarship Programme

I. THE STUDENT

Last name (s), First name (s):	Date of birth (DD/MM/YYYY):	Nationality:
Name of the Sending Institution (Home University):		

II. PROPOSED STUDY/RESEARCH PROJECT

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

STUDY/RESEARCH PROJECT Please only outline your project here and attach a precise and detailed description on separate sheet(s) or list the courses (modules) you are going to attend. If necessary, continue the list on a separate sheet.	Module number (as indicated in the course catalogue)

III. COMMITMENT OF THE THREE PARTIES

The student	
Student's signature	Date:

The sending institution	
The signatory confirms that the proposed study/research project is approved.	
Departmental coordinator's name:	
E-mail / phone:	
Departmental coordinator's signature	Date / Stamp:

The receiving institution	
The signatory confirms that the proposed study/research project is approved.	
Departmental coordinator's name:	
E-mail / phone:	
Departmental coordinator's signature	Date / Stamp: