**LEARNING AGREEMENT FOR STUDIES**

**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name(s) |  | First name(s) |  |
| Date of birth |  | Nationality[[1]](#endnote-1) |  |
| Sex [*M/F*] |  | Academic year |  |
| Study cycle |  | Field of Education[[2]](#endnote-2) |  |
| Phone |  | E-mail |  |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | University of Tlemcen | Faculty | xxx |
| Erasmus code [[3]](#endnote-3)  (if applicable) |  | Department | xxx |
| Address | 22, Rue Abi Ayed Abdelkrim,  Fg Pasteur, B.P. 119,  13000 Tlemcen | Country, Country Code | Algeria,  DZ |
| Contact person[[4]](#endnote-4)  name | BENMAHDI Bouchra Meriem  Vice Rectorate of of External Relations, Cooperation, Animation and Communication and Scientific Manifestations  University of Tlemcen, Algeria | Contact person e-mail / phone | [benmahdibouchra@gmail.com](mailto:benmahdibouchra@gmail.com)  Tlf: 00 213 43 41 11 93 |

**The Receiving Institution**

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

#### **PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility:

from [/Day/month/year] xx/xx/20xx till [Day/month/year] xx/xx/20xx

Language of education during mobility :………………xxx…………………………….

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Language competence of the student**  The level of language competence[[5]](#endnote-5) in English 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 🞏 |

**Proposed mobility activity**

|  |
| --- |
| Description of planned study / research activities (min 400 words). |

**Educational components (if applicable)**

|  |  |
| --- | --- |
| **Code and name** | **ECTS credits** |
| **/** | N/A |

**Responsible Persons**

|  |
| --- |
| **Responsible person at the Sending Institution:**  Name: Prof Ali HAMZA CHERIF Position: Vice Rector of External Relations, Cooperation, Animation and Communication and Scientific Manifestations  Phone number: 00 213 43 41 11 93; E-mail: [ali.hamzacherif@yahoo.com](mailto:ali.hamzacherif@yahoo.com) ; [vrex@univ-tlemcen.dz](mailto:vrex@univ-tlemcen.dz)  **Supervisor:**  Name: Position:  Phone number: E-mail:    **Head of department:**  Name: Position:  Phone number: E-mail: |

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| **Responsible person at the Receiving Institution:**  Name: Position:  Phone number: E-mail: |

**COMMITMENT OF THE THREE PARTIES**

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.

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. The Sending and receiving Institutions undertake to apply all the principles of the Erasmus C 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 Sending Institution commits to recognise all the activities performed and the credits gained, if applicable, at the Receiving Institution and to count them towards the student’s degree. 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.

|  |
| --- |
| **The student**  Name:  Student’s signature Date: |

|  |
| --- |
| **The sending institution** |
| Name the responsible person:  Responsible person’s signature [[6]](#endnote-6) Date:  Name the head of department:  Head of department’s signature [[7]](#endnote-7) Date:  Name of the supervisor:  Supervisor ’s signature Date: |

|  |
| --- |
| **The receiving institution** |
| Name the responsible person :  Responsible person’s signature [[8]](#endnote-8) Date: |

*The agreement must be signed by three parties in this order 1. Student, 2. Sending Institution, 3. Receiving Institution. Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures may be accepted, depending on the national legislation.*

1. **Nationality:** country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-1)
2. **Field of education:** The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) available at <http://ec.europa.eu/education/tools/isced-f_en.htm> should be used to find the ISCED 2013 detailed field of education and training that is closest to the subject of the degree to be awarded to the student by the Sending Institution. [↑](#endnote-ref-2)
3. **Erasmus code**: a unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education (ECHE) receives. It is only applicable to higher education institutions located in Programme Countries. [↑](#endnote-ref-3)
4. **Contact person**: person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or works at the international relations office or equivalent body within the institution. [↑](#endnote-ref-4)
5. **Level of language competence**: a description of the European Language Levels (CEFR) is available at: https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr [↑](#endnote-ref-5)
6. **Responsible person at the Sending Institution**: an academic who has the authority to approve the Learning Agreement, to exceptionally amend it when it is needed, as well as to guarantee full recognition of such programme on behalf of the responsible academic body. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document. [↑](#endnote-ref-6)
7. **Responsible person at the Sending Institution**: an academic who has the authority to approve the Learning Agreement, to exceptionally amend it when it is needed, as well as to guarantee full recognition of such programme on behalf of the responsible academic body. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document. [↑](#endnote-ref-7)
8. **Responsible person at the Receiving Institution**: an academic who has the authority to approve the Learning Agreement, to exceptionally amend it when it is needed, as well as to guarantee full recognition of such programme on behalf of the responsible academic body. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document. [↑](#endnote-ref-8)