



LEARNING AGREEMENT FOR STUDIES

The Student

Last name (s)		First name (s)	
Date of birth		Nationality	
Sex [M/F]		Academic year	20.. / 20..
Study cycle		Subject area, Code	
Phone		E-mail	

The Sending Institution

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

The Host Institution

Name	UNIVERSITE DE TOULON	Faculty	
Erasmus code (if applicable)	FTOULON01	Department	Direction des Relations Internationales
Address	CS 60584 83041 TOULON Cedex 9	Country, Country code	FRANCE
Contact person name	Marielle TROPINI Service des Relations Internationales	Contact person e-mail / phone	international@univ-tln.fr +44 (0)4 94 14 21 37



Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from till

Table A: Study programme abroad

Component code (if any) <div style="background-color: orange; padding: 5px; border: 1px solid black;"> PLEASE INDICATE: <input checked="" type="checkbox"/> Faculty (UFR) <input checked="" type="checkbox"/> Course / Department <input checked="" type="checkbox"/> Modules /Submodules (UE or ECUE) <input checked="" type="checkbox"/> Code N° </div>	Component title (as indicated in the course catalogue) at the host institution*	Semester [autumn / spring] [or term]	Number of ECTS credits to be awarded by the host institution upon successful completion
<i>(UFR Lettres/Licence 1/ LLCE UE 12</i>	<i>Littérature</i>	<i>Spring</i>	<i>6)</i>
A normal academic year of full-time study is normally made up of educational components totalling 30 ECTS credits for one semester, 60 ECTS credits for two semesters**.			Total:

* In case the student follows additional educational components beyond those required for his/her degree programme, these additional credits must also be listed in the study programme outlined in table A.

** Any exception to this rule must be stated in an annex of the Learning Agreement or confirmed by mail by the sending institution (for example: the student has already accumulated the number of credits required for his/her degrees and does not need some of the credits gained abroad).

Web link to the course catalogue at the host institution describing the learning outcomes (modules and credits may change, please check upon arrival at UNIVERSITE DE TOULON):

All fields: <http://www.univ-tln.fr/-Reglements-et-examens-.html>

Humanities: <http://www.univ-tln.fr/Reglements-d-examen-des-diplomes-de-l-UFR-Lettres-et-Sc-Humaines.html>

Law: <http://www.univ-tln.fr/Reglements-d-examen-des-diplomes-de-l-UFR-Droit.html>

**II. RESPONSIBLE PERSONS****Responsible Academic person in the sending institution:**

Name: _____ Function: _____
Phone number: _____ E-mail: _____

Responsible Academic person in the host institution:**UNIVERSITE DE TOULON**

Name: _____ Function: _____
Phone number: _____ E-mail: _____

III. COMMITMENT OF THE THREE PARTIES

By signing this document, the student, the sending institution and the host institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and host 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 host institution confirms that the educational components listed in Table A are in line with its course catalogue, subject to changes.

The sending institution commits to recognise all the credits gained at the host institution for the successfully completed educational components and to count them towards the student's degree as described in Table B.

The student and host 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 Academic person's signature _____ Date: _____

The host institution: UNIVERSITE DE TOULON

Responsible Academic person's signature _____ Date: _____



Section to be completed DURING THE MOBILITY

CHANGES TO THE ORIGINAL LEARNING AGREEMENT

I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

STUDENT'S NAME:

Sending institution:

Table C: Exceptional changes to study programme abroad or additional components in case of extension of stay abroad

Component code (if any) at the host institution °	Component title (as indicated in the course catalogue) at the receiving institution	Deleted Component	Added Component	Unchanged Component	Reason for change*	Nb of ECTS credits
PLEASE INDICATE: ✓ Faculty (UFR) ✓ Course / Department ✓ Modules /submodules (UE or ECUE) ✓ Code N°	<i>Please list all the components you are studying including deleted, added and unchanged components</i>	Tick if applicable	Tick if applicable	Tick if applicable		
(eg : UFR Lettres/Licence 1/LLCE UE 12	Littérature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A3	12)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Total number of ects credits to be awarded by the receiving institution upon successful completion of the components						Total:

* Reasons for exceptional changes to study programme abroad:

<i>Reasons for deleting a component</i>	<i>Reason for adding a component</i>
A1) Previously selected educational component is not available at host institution A2) Component is in a different language than previously specified in the course catalogue A3) Timetable conflict A4) Other (please specify)	B1) Substituting a deleted component B2) Extending the mobility period B3) Other (please specify)



II. COMMITMENT OF THE THREE PARTIES

The student, the sending and the receiving institutions confirm that they approve the proposed amendments to the mobility programme.

The student

Student's signature

Date:

The sending institution

Responsible Academic person's signature

Date:

The receiving institution: UNIVERSITE DE TOULON

Responsible Academic person's signature

Date:

III. CHANGES IN THE RESPONSIBLE PERSON(S), if any:

New responsible person in the sending institution:

Name:

Function:

Phone number:

E-mail:

New responsible person in the receiving institution: UNIVERSITE DE TOULON

Name:

Function:

Phone number:

E-mail: