**Overseas Exchange Programme**

**LEARNING AGREEMENT**

**ACADEMIC YEAR 20......./20……..**

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| Name of student: ……………………………………………………………………………………………………………………………Brunel student ID number: …………………… Level in which exchange will take place: …………………College/Department/Division Title of final degree: ……………………………………………………………………………………………………………………………….. |

**DETAILS OF THE PROPOSED STUDY PROGRAMME AT HOST INSTITUITON**

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| Host institution: Country:  |

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| Course unit code (if any) | Course unit title | Number of host institution credits | Number of Brunel credits |
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(if necessary, continue the list on a separate sheet)

* **I agree and understand that I will obtain any Health or Travel Insurance required by the Host Institution at my own cost before travelling.**
* **I agree and understand that I will arrange any Health or Travel Insurance required by Brunel University London before travelling.**

**Student’s signature**:

**Date:**

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| \*Fair translation of grades must be ensured. The student has been informed about the methodology\***Student’s signature**: Date:  |
| **HOME INSTITUTION**We confirm that the proposed programme of study meets the required learning outcome(s). |
| Academic Exchange Coordinator’s signature Date:  | Institutional Exchange Coordinator’s signature Date:  |

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| **HOST INSTITUTION**We confirm that this proposed programme of study/learning agreement is approved. |
| Academic Exchange Coordinator’s signature Date:  | Institutional Exchange Coordinator’s signature Date:  |

**\* GEO to provide the TAG office (Registry) with a copy of this form, in order to record the information on SITS.**

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**

(to be filled in ONLY if appropriate)

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| Name of student: …………………………………………………………………………………………………………………………………………Brunel student ID number: ……………………. Level in which exchange will take place: …………………… College/Department/Division: Title of final degree: …………………………………………………………………………………………………………………………… |

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| Host institution: Country:  |

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| --- | --- | --- | --- |
| Course unit code (if any) | Course unit title | Number of host institution credits | Number of Brunel credits |
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(if necessary, continue this list on a separate sheet)

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| **Student’s signature**: Date:  |

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| **HOME INSTITUTION**We confirm that the proposed programme of study meets the required learning outcome(s). |
| Academic Exchange Coordinator’s signature Date:  | Institutional Exchange Coordinator’s signature Date:  |

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| --- |
| **HOST INSTITUTION**We confirm that this proposed programme of study/learning agreement is approved. |
| Academic Exchange Coordinator’s signature Date:  | Institutional Exchange Coordinator’s signature Date:  |

* **I agree and understand that I will obtain any Health or Travel Insurance required by the Host Institution at my own cost before travelling.**
* **I agree and understand that I will arrange Brunel University London’s travel insurance before travelling.**

**Student’s signature**:

**Date:**