

Non-ERASMUS Exchange Programme

LEARNING AGREEMENT

ACADEMIC YEAR 20...../20.....

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 INSTITUTION

Host institution:

Country:

Course unit code (if any)	Course unit title	Number of host institution credits	Number of Brunel credits
Fall Quarter / Fall Semester (delete as appropriate)			
Winter Quarter / Spring Semester (delete as appropriate)			

Spring Quarter			

(if necessary, continue the list on a separate sheet)

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 Institutional Exchange Coordinator's signature

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Date: Date:

HOST INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Academic Exchange Coordinator's signature Institutional Exchange Coordinator's signature

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Date: Date:

* APO 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)

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

Host institution:
Country:

Course unit code (if any)	Course unit title	Deleted course unit	Added Course Unit	Number of host institution credits	Number of Brunel credits
		<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"/>		

(if necessary, continue this list on a separate sheet)

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

Institutional Exchange Coordinator's signature

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.....

Date:

Date:

HOST INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Academic Exchange Coordinator's signature

Institutional Exchange Coordinator's signature

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Date:

Date:

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