

**4EU+ Learning Agreement for Virtual Mobility**

**General Information**

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| **STUDENT** | **Last Name(s)** | **First Name(s)** | **Date of Birth** | **Email Address** |
|  |  |  |  |
| **Study Cycle[[1]](#footnote-1)** | **Study Programme** | | **Student Number** |
|  |  | |  |
| **SENDING INSTITUTION** | **Name** | **Faculty/ Department** | **Contact Person’s Name, Position and Email Address[[2]](#footnote-2)** | |
|  |  |  | |
| **RECEIVING INSTITUTION** | **Name** | **Faculty** | **Contact Person’s Name, Position and Email Address** | |
| Charles University |  | Tereza Vosejpková, IRO, [tereza.vosejpkova@ruk.cuni.cz](mailto:tereza.vosejpkova@ruk.cuni.cz) | |

**Course Information**

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| --- | --- | --- | --- | --- | --- |
| **RECEIVING INSTITUTION** | | | | **SENDING INSTITUTION** | |
| **Course Unit Title / Activity** | **Course Code** | **ECTS** | **Language of Instruction** | **Course Unit Title Equivalent**  **(if applicable)** | **Form of recognition**  **(ECTS or other)** |
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**Signatures**

|  |  |
| --- | --- |
| **The STUDENT commits to:** Attend the course(s) described in this learning agreement; comply with its arrangements (course attendance, exam completion etc.) and abide by the rules and regulations of the receiving institution. | **The SENDING INSTITUTION commits to:**  Approve the student status, the course selection and the proposed learning agreement (including the form of recognition if stated). |
| Signed in *(city, country)* On *(date)*  By *(name)*  Signature3 | Signed in *(city, country)* On *(date)*  By *(Academic Coordinator’s name)*  Signatureand stamp3 |

1. Study cycle: BA (Bachelor), MA (Master’s Degree/Single Cycle) or PhD (PhD programme). [↑](#footnote-ref-1)
2. Contact person: departmental coordinator or staff member from the international relations office who can provide administrative information about the study programme and the student.

   3 The electronic signature is allowed. In case of the electronic signature, the stamp is not needed. [↑](#footnote-ref-2)