

**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  |

**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)