|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student** | **Last name (s)** | **First name (s)** | **Date of birth** | **Nationality** | **Sex [M/F]** | **Academic year** | **Study cycle** | **Subject area, Code** |
|   |  |  |  |  |  |  | First CycleSecond CycleThird Cycle |  |
| **Sending Institution** | **Name** | **Faculty** | **Erasmus code (if applicable)** | **Department** | **Address** | **Country, Country code** | **Contact person name** | **Contact persone-mail / phone** |
|   |  |   |  |   |  |  |   |  |
| **Receiving Institution** | **Name** | **Faculty** | **Erasmus code (if applicable)** | **Department** | **Address** | **Country, Country code**  | **Contact person name** | **Contact persone-mail / phone** |
|   | Karadeniz Technical University |   | TR TRABZON01 |   | Karadeniz Technical UniversityRectorate61080,TrabzonTurkey | Turkey TR | **Lect. Çiğdem HÜSEM**Contact Person for Incoming Students | cigdemhusem@ktu.edu.tr0090 462 377 3797 |
|  |  |  |  |  |  |  |  |  |
|  | ***Study Programme at Receiving Institution*****Planned period of the mobility: from [month/year] ……………. to [month/year] ……………** |
| **Table A****Before the mobility** | **Component code**(if any) | **Component title** (as indicated in the course catalogue) **at the receiving institution** | **Semester** [e.g. autumn / spring/ term] | **Number of ECTS credits (or equivalent) to be awarded by the receiving institution upon successful completion** |
|   |   |  |  |  |
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|   |  |  |  | **Total: …** |
| Web link to the course catalogue at the receiving institution describing the learning outcomes: [*web link to the relevant information*] |
|  |  |  |  |  |  |  |  |  |
| The level of language competence in \_\_\_\_\_\_\_\_ [*the main language of instruction*] that the student already has or agrees to acquire by the start of the study period is: *A1 □ A2 □ B1 □ B2 □ C1 □ C2 □ Native speaker □* |

|  |  |
| --- | --- |
|   | ***Recognition at Sending Institution*** |
| **Table B****Before the mobility** | **Component code** (if any) | **Component title** (as indicated in the course catalogue) **at the receiving institution** | **Semester** [e.g. autumn / spring / term] | **Number of ECTS credits (or equivalent) for the group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad** |
|   |   |  |  |  |
|   |   |  |  |  |
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|   |  |  |  | **Total: …** |
| Provisions applying if the student does not complete successfully some educational components: *[web link to the relevant information]* |
|  |  |  |  |  |  |  |  |  |
| By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and receiving 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 sending institution and the student should also commit to what is set out in the Erasmus+ grant agreement. The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue and should be available to the student. The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree as described in Table C. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties. The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period. |
| **Commitment** | **Name** | **Function** | **Phone number** | **Email** | **Date** | **Signature** |
| Student |  | *Student* |  |  |  |  |
|  |  |  |  |  |  | **Official Stamp of the Sending Institution:** |
| **Commitment** | **Name** | **Function** | **Phone number** | **Email** | **Date** | **Signature** |
| Responsible person at the Receiving Institution |  | *Departmental Erasmus+ Coordinator* |  |  |  | **Official Stamp of the Receiving Institution:** |
|  | *Institutional Erasmus+ Coordinator* |  |  |  |