





## **INTRA-AFRICA Academic Mobility Scheme LEARNING AGREEMENT – credit-seeking mobility**

anned period of mobility: from (month/year) to (month/year)							
Student	Last name(s)	First name(s)	Date of birth	Nationality	Sex [M/F]	Study cycle	Field of education
Home Institution	Name	Faculty/Department	Address Co		Country	Contact person name/email/phone	
Host Institution	Name	Faculty/Department	Addre	ess	Country	Contact p	person name/email/phone

## To be filled in and signed before the mobility

	Details of the Study Programme at the Host Institution					
	Compon ent <sup>il</sup> code (ifany)	Component title at the Host Institution (as indicated in the course catalogue 1)	Semester [e.g. autumn/spring term]	Number of agreed credits (or equivalent) to be awarded by the Host Institution upon successful completion		
Table A <sup>i</sup> Before the mobility						
				Total:		

	Componen t code (if any)	Component title at the Home Institution (as indicated in the course catalogue)	Semester [e.g. autumn/spring; term]	Number of credits (or equivalent) to be recognised by the Home Institution
Table B				
Before the mobility				
				Total:

Provisions applying if the student does not complete successfully some educational components:

## Commitment

By signing this document, the student, the Home Institution and the Host institution confirm that they approve the Learning Agree mentand that they will comply with all the arrangements agreed by all parties.

The Host 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 Home Institution commits to recognise all the credits or equivalent units gained at the Host Institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. Any exceptions to this rule are documented in an annex of this Learning Agree ment and agreed by all parties.

  The student and the Receiving Institution will communicate to the Home Institution any problem or change regarding the study programme, responsible persons and/or study period.

Commitment	Name	Email	Position	Date	Signature <sup>™</sup>
Student			Student		
Responsible person at the Home Institution					
Responsible person at the Host Institution <sup>vi</sup>					