

Swiss-European Mobility Programme (SEMP) - LEARNING AGREEMENT ¹
ECTS – EUROPEAN CREDIT TRANSFER SYSTEM

ACADEMIC YEAR:.....À..... FIELD OF STUDY:.....

STUDENT (name/surname): _____ ~~AAAAAA~~ E-mail : _____

SENDING INSTITUTION

University of Lausanne - Unicentre- CH-1015 Lausanne – Switzerland.
ERASMUS Charter : 257568-IC-1-2011-1-CH-ERASMUS-EUCX-1 ERASMUS ID-code: CHLAUSANN01

Departmental coordinator _____

Faculty / Department : Contact Person :

Phone +41 21 692- Fax +41 21 692 - Email :@unil.ch

Institutional coordinator:
Ms Sylvie Kohli - International Relations office - Château de Dorigny - CH-1015 Lausanne - Switzerland

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

A

Receiving Institution : _____
Country : _____

Course unit code (IF any) and page no. of info. package	Course unit title (as indicated in the information package)	Course level		Number of ECTS credits (ECTS or other : specify)
		Bachelor	Master	

*If necessary, continue the list on a separate sheet
Fair translation of grades must be ensured and the student has been informed about the methodology*

SIGNATURES ²

Student's signature _____ Date : _____

UNIVERSITY OF LAUSANNE

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

Departmental/faculty coordinator's signature: _____ Institutional coordinator's signature : _____
À _____

Date : _____ Date : _____

RECEIVING INSTITUTION

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

Departmental/faculty coordinator's signature: _____ Institutional coordinator's signature : _____
À _____

Date : _____ Date : _____

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT ³

STUDENT

Name Surname:
Sending Institution : University of Lausanne, Switzerland

E-mail :

(to be filled in only if appropriate)

Receiving Institution :
Country :

Course unit code (IF any) and page no. of info. package	Course unit title (as indicated in the information package)	Course level		Deleted Course	Added Course	Number of ECTS credits (ECTS or other : specify)
		Bachelor	Master			

If necessary, continue the list on a separate sheet

SIGNATURES

Student's signature

Date :

UNIVERSITY OF LAUSANNE

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

Departmental/faculty coordinator's signature:

Institutional coordinator's signature :

Date : _____

Date : _____

RECEIVING INSTITUTION

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

Departmental/faculty coordinator's signature:

Institutional coordinator's signature :

Date : _____

Date : _____

NOTES

1 - The purpose of the Learning Agreement is to provide a transparent and efficient preparation of the study period abroad and to ensure that the student will receive recognition in his/her degree for the courses successfully completed abroad. By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the 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). The Receiving Institution confirms that the courses listed are in line with its course catalogue and should be available to the student. The Sending Institution commits to recognise all the credits or equivalent units gained at the Receiving Institution for the successfully completed courses and to count them towards the student's degree. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties. The student and the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period.

2 - Ideally, all parties must sign the Learning Agreement before the start of the mobility. It is not compulsory to circulate a paper document to collect original signatures. Scanned copies of signatures or digital signatures may be accepted, depending on the national legislation or institutional regulations.

3 - Exceptional changes to the courses listed have to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Institution. Any changes should be clearly documented as an annex to this Learning Agreement (e.g. e-mail exchange, new Learning Agreement, list of courses delivered by the Receiving Institution) and should be done as early as possible after the beginning of the semester.