****

**INTERNATIONAL LEARNING AGREEMENT**

**– ACADEMIC YEAR** **2024/25**

Please complete all the fields below:

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| --- |
| Name of student: ……………………………………………………………………………  Sending institution and country: ……………………………………………………………  Duration of stay *(delete non-applicable)*: Semester 1 or Semesters 1&2 or Semester 2. |

**PROPOSED LEARNING AGREEMENT**

**COURSE APPLIED FOR AT BU:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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| --- | --- | --- |
| Year/Level | Name of selected module | ECTS credits **\* / \*\*** |
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***\**** *Please note this formula for credits expressed in ECTS: CATS / 2 = ECTS (for instance: 60 CATS = 30 ECTS).*

***\*\**** *You are required to attend courses worth at least 30 ECTS corresponding to your academic level per semester.*

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| Student’s signature: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . .. . . . . . . |
| **SENDING INSTITUTION**  We confirm that this proposed programme of study / learning is approved.  Award Leader: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Stamp / Date: . . . . . . . . . . . . . . . .  Study Abroad Coordinator: . . . . . . . . . . . . . . . . . . . . . . . Stamp / Date: . . . . .. . . . . . . . . . . |
| **RECEIVING INSTITUTION**  We confirm that this proposed programme of study / learning is approved.    Mobility Officer: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Stamp / Date: . . . . . . . . . . . . . . . . |

**DURING MOBILITY**

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME**

(to be filled in **only** if appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| Module code | Module title | Module  Deleted/Added | Number of  BU/CATS credits |
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| --- |
| Student’s signature: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . .. . . . . . . |
| **SENDING INSTITUTION**  We confirm that this proposed programme of study / learning is approved.  Award Leader: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Stamp / Date: . . . . . . . . . . . . . . . .  Study Abroad Coordinator: . . . . . . . . . . . . . . . . . . . . . . . Stamp / Date: . . . . .. . . . . . . . . . . |
| **RECEIVING INSTITUTION**  We confirm that this proposed programme of study / learning is approved.    Mobility Officer: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Stamp / Date: . . . . . . . . . . . . . . . . |