LEARNING AGREEMENT FOR STUDIES

**Blend Intensive Programmes**

**The student**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name(s)** |  | **First name(s)** |  |
| **Date of birth** |  | **Nationality** |  |
| **Sex [M/F]** |  | **Academic Year** | 2025/2026 |
| **Study Cycle** |  | **Subject area, Code** |  |
| **Phone** |  | **E-mail** |  |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Sapienza University of Rome | **Faculty** |  |
| **Erasmus Code**  (if applicable) | I ROMA01 | **Department** |  |
| **Address** | P.le Aldo Moro, 5  Rome | **Country, Country code** | Italy |
| **Contact person name** | Tiziana De Matteis | **Contact person e-mail / phone** | [civis\_shortmobility.sapienza@uniroma1.it](mailto:civis_shortmobility.sapienza@uniroma1.it)  +39 0649690437 |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Faculty** |  |
| **Erasmus Code**  (if applicable) |  | **Department** |  |
| **Address** |  | **Country, Country code** |  |
| **Contact person name** |  | **Contact person e-mail / phone** |  |

**Section to be completed BEFORE THE MOBILITY**

# PROPOSED MOBILITY PROGRAMME

## Planned period of the online mobility: from *\_\_\_\_/\_\_\_\_/\_\_\_\_ (DAY/MONTH/YEAR) till \_\_\_\_/\_\_\_\_/\_\_\_\_ (DAY/MONTH/YEAR)*

## Planned period of the physical mobility: from *\_\_\_\_/\_\_\_\_/\_\_\_\_ (DAY/MONTH/YEAR) till \_\_\_\_/\_\_\_\_/\_\_\_\_ (DAY/MONTH/YEAR)*

Table A: Study programme abroad

|  |  |  |  |
| --- | --- | --- | --- |
| **Component code (if any)** | **Component title (as indicated in the course catalogue) at the receiving institution** | **Semester [autum/spring] [or term]/** | **Number of ECTS credits to be awarded by the receiving institution upon successful completion** |
|  |  | *Include BIP dates* | \_\_\_ECTS |
|  |  |  | **Total: \_\_\_ ECTS** |

**Web link to the course catalogue at the receiving institution describing the learning outcomes:**

## Table B: 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

|  |  |  |  |
| --- | --- | --- | --- |
| **Component code (if any)** | **Component title (as indicated in the course catalogue) at the sending institution** | **Semester [****autum/spring]** **[****or term]** | **Number of ECTS credits** |
|  |  | *Include BIP dates* |  |
|  |  |  | **Total:** |

**If the student does not successfully complete some educational components, the following provisions will apply:**

**Language competence of the student**

The level of language competence in **[LANGUAGE]** that the student already has or agrees to acquire by the start of the study period is: **[LEVEL]**

# RESPONSIBLE PERSONS

**Responsible person in the sending institution:**

Name: Function: Mobility Coordinator

Phone number: E-mail:

**Responsible person in the receiving institution:**

Name: Function: BIP Academic Coordinator

Phone number: E-mail:

1. **COMMITMENT OF THE THREE PARTIES**

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 receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.

The sending institution commits to recognize 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 B. 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.

**The Receiving Institution**

**(BIP’s Coordinator)**

Signature:

Date

**The Sending Institution**

**(RAM in charge** [**Academics Supervisors for International Mobility**](https://www.uniroma1.it/it/pagina/coordinatori-e-responsabili-accademici-mobilita-internazionale-0)

Signature:

Date:

**The student**

Signature:

Date: