**LEARNING AGREEMENT**

Planned period of the mobility:

from (*dd/mm/yyyy)* ….…/………/20…. till (*dd/mm/yyyy)* …..…/…..…/20….

**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date of birth |  | Nationality[[1]](#footnote-1) |  |
| Sex [*M/F*] |  | Study cycle[[2]](#footnote-2) | 🞏 bachelor ( )th year  🞏 master ( )th year  🞏 doctorate ( )th year |
| Enrolled year at the Sending Institution | / 20..  (mm/yyyy) | Expected graduation | /20..  (mm/yyyy) |
| Phone | (+country code) | e-mail |  |
| Mailing address |  | | |

**Language competence of the student**

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| --- |
| The level of language competence[[3]](#footnote-3) 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 🞏 |

**The Sending Institution / Home University**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Faculty/School |  | Department |  |
| Address |  | Country |  |
| Contact person  title, last name, first name |  | e-mail  phone  (+country code) |  |

**The Receiving Institution/Host University**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Shinshu University | | |
| Faculty / School | School of Medicine (UG),  Graduate School of Medicine(G) | Department | School of Health Sciences (UG), Health Sciences(G) |
| Address | 3-1-1 Asahi, Matsumoto, Nagano, 390-8621 | Country | Japan |
| Contact person: title,  last name, first name | Prof. Nobuo OKUMURA  Chairman of the International Cooperation and Exchange School of Health Sciences | e-mail  phone  (+country code) | [nobuoku@shinshu-u.ac.jp](mailto:nobuoku@shinshu-u.ac.jp)  +81-263-37-2392 |

|  |
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| **Research theme:**  **Project work plan:**  **Aims:**  **Expected outcomes:**  Is this training period fully integrated in the curriculum of the student’s degree:  Yes ☐ No ☐  Please indicate the additional transnational benefits the student will obtain form the mobility: |

**Commitment of the three parties**

* 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 agreed in academic agreements previously concluded by both institutions.
* In case of accident the Receiving Institution undertakes to provide notification to the Sending Institution of the event and to promptly send the student to a first-aid.
* 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.
* During the work period in the Receiving Institution, the Student will be required to carry out the activities laid down in a project work plan, and to observe workplace health, hygiene and safety regulations.

**\*This Learning Agreement is to be considered as an Agreement between the two Institutions regulating the mobility of the undersigned student.**

**The student**

|  |
| --- |
| Student’s signature Date: |

**Responsible person[[4]](#footnote-4) in the sending institution/home university**

|  |
| --- |
| Name: Position:  Phone number: E-mail:  Responsible person’s signature Date: |

**Responsible person[[5]](#footnote-5) in the receiving institution**

|  |
| --- |
| Name: Nobuo OKUMURA  Position: Chairman of the International Cooperation and Exchange,  School of Health Sciences, Shinshu University  Phone number: +81-263-37-2392 E-mail: nobuoku@shinshu-u.ac.jp  Responsible person’s signature Date: |

1. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#footnote-ref-1)
2. **Study cycle:** bachelor or equivalent first cycle / master or equivalent second cycle / doctorate or equivalent third cycle [↑](#footnote-ref-2)
3. **Level of competence:** For the Common European Framework of Reference for Languages (**CEFR**) see <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr> [↑](#footnote-ref-3)
4. **Responsible person in the sending institution**: an academic who has the authority to approve the Learning Agreement, to exceptionally amend it when it is needed, as well as to guarantee full recognition of such programme on behalf of the responsible academic body. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document. [↑](#footnote-ref-4)
5. **Responsible person in the receiving institution**: an academic who has the authority to approve the mobility programme of incoming students and is committed to give them academic support in the course of their studies at the receiving institution. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document. [↑](#footnote-ref-5)