**LEARNING AGREEMENT FOR STUDIES 2022/23**

**Sections 1 and 2 of this form should be completed before you go on your period abroad.**

#### **Section 1 – Contact details**

**The Student**

|  |  |
| --- | --- |
| **a) Full Name:** |  |
| **b) Date of Birth:** |  |
| **c) Nationality:** |  |
| **d) Sex (M/F/Undefined):** |  |
| **e) Study Level:** |  |
| **f) Field of Study (delete as appropriate):**  |  |

**The Home University**

|  |  |
| --- | --- |
| **g) Name and address:** | The University of Cambridge, The Old Schools,Trinity Lane, Cambridge, CB2 1TN, UK |
| **h) Department and Faculty:** | MMLL/HML |
| **i) Departmental Coordinator name, email, phone:**  | Dr Hugues Azéradyearabroad@mmll.cam.ac.uk+44 1223335048 |

**The Host Institution**

|  |  |
| --- | --- |
| **j) Name and address:** |  |
| **k) Department/Faculty if applicable** |  |
| **l) Coordinator name, email, phone** |   |

#### **Section 2 – to be completed BEFORE THE PERIOD ABROAD**

**PROPOSED STUDY PLAN**

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| **a) Planned period of the mobility**: from DD/MM/YYYY till DD/MM/YYYY |
| **b) Number of study hours per week:**   |
| **C) Details of programme** (e.g. modules or courses to be undertaken)  |
| **d) Expected learning outcomes**  |
| **e) Evaluation** (how will the student’s progress be evaluated?)   |

**Web Link to the course catalogue/information:**

Please provide the web link to information about the modules/course to be undertaken:

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**Please send the learning agreement to your departmental contact at the host institution for signature, then sign the document yourself and forward it to your Cambridge departmental co-ordinator for final signature.**

**Signatures**

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| **The student:**  **Email:**   **Position:** StudentSignature Date:  |
| **Home university – departmental coordinator:** Dr Hugues Azérad**Email:** yearabroad@mmll.cam.ac.uk **Position:** Year Abroad Director Signature Date:  |
| **Host institution –coordinator name:** **Email: Position:** Signature Date:  |

#### **Section 3 – to be completed DURING YOUR PERIOD ABROAD**

**CHANGES TO THE ORIGINAL LEARNING AGREEMENT**

#### **EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME**

1. **Changes of the mobility dates:
New mobility dates from** DD/MM/YYYY till DD/MM/YYYY
2. **Changes to the Proposed Courses**

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The student, the home and host universities confirm that they approve the proposed amendments to the mobility programme.

**Approval by e-mail or signature of the student and of the home and host institutions’ responsible persons.**

**Changes**

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| --- |
| **The student: Name** **Email: Position:** StudentSignature Date:  |
| **Home University – departmental coordinator:** Dr Hugues Azérad**Email:** yearabroad@mmll.cam.ac.uk **Position:** Year Abroad Director Signature Date:  |
| **Host institution – coordinator Name:** **Email: Position:** Signature Date:  |

#### **Section 4 – to be completed AFTER YOUR PERIOD ABROAD**

#### **RECOGNITION OUTCOMES**

#### **I. HOST INSTITUTION’S EVALUATION**

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| **Start and end dates of the study period: from *[day/month/year]* till *[day/month/year]*.** |

Your host institution must either complete the table below or if a transcript of records is available which includes all the information (including official start and end dates) it should be attached to this document.

|  |  |  |  |
| --- | --- | --- | --- |
| **Module/course title** | **Successfully Completed?** | **Contact Hours**  | **Grade Awarded****(where applicable)** |
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| **Host institution coordinator**Responsible person’s signature: Date:  |