

VISITING STUDENT MOBILITY LEARNING AGREEMENT FOR STUDIES

The Student

| | | | |
|---------------|--|--|--|
| Last name (s) | | | |
| Date of birth | | | |
| Sex [M/F] | | | |
| Study cycle | | | |
| Phone | | | |

The Sending Institution

| | | | |
|---------------------|--|------------|--|
| Name | | | |
| School | | Department | |
| Address | | | |
| Contact person name | | | |

The Receiving Institution

| | | | |
|---------------------|---------------------------------------|----------------------------------|---------------------|
| Name | UNIVERSITY "DUNAREA DE JOS" OF GALATI | | |
| Faculty | MEDICINE | Department | MEDICINE |
| Address | Str. Al. I. Cuza Nr. 35 ROMANIA | Country, Country code | RO |
| Contact person name | ALINA CAPĂȚ | Contact person e-mail / phone | alina.capat@ugal.ro |

**Higher Education
Learning Agreement form
Student's name**

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| | | | Totale: |

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

[Please, specify or provide a web link to the relevant information.]

Language competence of the student

The level of language competence 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

II. RESPONSIBLE PERSONS

Mobility Tutor

Responsible person in the sending institution:

Name:

Function:

Phone number:

E-mail:

Responsible person in the receiving institution:

Name:

Function:

Phone number:

E-mail:

III. 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 recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them

**Higher Education
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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 student

Student's signature

Date:

The sending institution

Responsible person's signature

Date:

Name:

Function:

Phone number:

E-mail:

The receiving institution

Responsible person's signature

Date:

Name: Professor PhD MADALINA MATEI

Function: Dean

Phone number: 0034 0336 130 217

E-mail: madalina.matei@ugal.ro

Section to be completed DURING THE MOBILITY

CHANGES TO THE ORIGINAL LEARNING AGREEMENT

I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

Table C: Exceptional changes to study programme abroad or additional components in case of extension of stay abroad

| Component code (if any) at the receiving institution | Component title (as indicated in the course catalogue) at the receiving institution | Deleted component <i>[tick if applicable]</i> | Added component <i>[tick if applicable]</i> | Reason for change | Number of ECTS credits to be awarded by the receiving institution upon successful completion of the component |
|--|---|--|--|-------------------|---|
| | | | | | |
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The student, the sending and the receiving institutions confirm that they approve the proposed amendments to the mobility programme.

Approval by e-mail or signature of the student and of the sending and receiving institution responsible persons.

RESPONSIBLE PERSONS

The student

Student's signature

Date:

The sending institution

Responsible person's signature

Date:

The receiving institution

Responsible person's signature

Date:

Name: Professor PhD MADALINA MATEI

Function: Dean

Phone number: 0034 0336 130 217

E-mail: madalina.matei@ugal.ro