 **LEARNING AGREEMENT**

Academic Year:…….. /…………

|  |  |
| --- | --- |
| Name of student:  | Personnummer/date of birth:  |
| Sending institution: **Mid Sweden University (MIUN)**  |
| Receiving Institution:  |

**DETAILS OF THE PROPOSED STUDY PROGRAM ABROAD**

*To be filled in by the outgoing student together with the responsible person at the department. Add more rows if needed.*

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| --- | --- | --- | --- | --- | --- |
| Semester  | Course code  | Course name at host institution  | Number of credits at host institution  | Equivalent to: please list specific course or subject and level at MIUN  | Number of credits/hp at MIUN |
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***Note: any changes of the approved learning agreement must be reported to the responsible person at the department at MIUN.***

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| Students’ Signature:Date: |
| **SENDING INSTITUTION:** We confirm that this Learning Agreement is approved |
| Responsible person at the department:Name:Signature:  Date: | Head of Subject’s signature, if applicable:Name:Signature:Date:  |
| **RECEIVING INSTITUTION**: We confirm that this learning agreement is approved. |
| Responsible person at receiving institutionName and position:Signature: Date:  |

***Scan and email this document to: outgoingstudents*** ***@miun.se***