 **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 institution  Name and position:  Signature:  Date: | |

***Scan and email this document to: outgoingstudents*** [***@miun.se***](mailto:cathrine.gladh@miun.se)