**LEARNING AGREEMENT FOR STUDIES**

**STUDENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name |  | First name |  |
| Date of birth |  | Nationality |  |
| Gender (F/M) |  | Academic year | 2020/2021 |
| Study cycle | Bachelor or Master | Semester | Winter |
| Major |  | Phone |  |
| Email |  | Student category | Visiting |
| Permanent home address |  | Emergency contact |  |

**SENDING INSTITUTION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Faculty/School |  |
| Address |  | Country |  |
| Contact person |  | Contact person/ email and phone |  |

**RECEIVING INSTITUTION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Silesian University in Opava | Faculty/School | School of Business Administration in Karvina |
| Address | Univerzitni nam. 1934/3Karvina 73340 | Country | Czech Republic |
| Contact person | Mrs Veronika Novotna | Contact person/ email and phone | novotna@opf.slu.cz+420 596 398 623 |

*[Additional contact persons that the sending or the receiving institution wants to introduce can be added in this box.]*

**Receiving institution:**

Mrs. Veronika Matkova (matkova@opf.slu.cz, +420 596 398 623)

**Sending institution**:

**SECTION TO BE COMPLETED BEFORE THE MOBILITY**

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from …15/09/2020… till …21/02/2021… .

**STUDY PROGRAMME ABROAD**

|  |  |  |  |
| --- | --- | --- | --- |
| Course code | Course title | Semester (SS/WS) | ECTS |
|  |  | WS |  |
|  |  | WS |  |
|  |  | WS |  |
|  |  | WS |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | Total: ….. |

|  |
| --- |
| *[Web to the course catalogue at the receiving institution.]*<https://www.slu.cz/opf/en/listofcourses> |

*[Other specific requirements that the sending or the receiving institution need to introduce can be added in this box.]*

**II. RESPONSIBLE PERSONS**

|  |
| --- |
| **Responsible person in the sending institution:**Name: Function: Phone number: E-mail:  |

|  |
| --- |
| **Responsible person in the receiving institution:**Name: Veronika NovotnaFunction: International Coordinator Phone number: +420 596 398 623E-mail: novotna@opf.slu.cz  |

**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 agreed in the inter-institutional agreements.

The receiving institution confirms that the educational components listed in Part I 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.

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:  |
| **The receiving institution**Responsible person’s signature Date:  |

**SECTION TO BE COMPLETED DURING THE MOBILITY**

**CHANGES TO THE LEARNING AGREEMENT**

**I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course code | Course title | Deleted course | Added course | Reason for change | ECTS |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |
|  |  | □ | □ |  |  |

**II. EXCEPTIONAL CHANGES IN THE RESPONSIBLE PERSON(S), if any:**

|  |
| --- |
| **New responsible person in the sending institution:**Name: Function: Phone number: E-mail:  |
| **New responsible person in the receiving institution:**Name: Function: Phone number: E-mail:  |

**III. COMMITMENT OF THE THREE PARTIES**

The student, the sending institution and the receiving institution confirm that the proposed amendments to the Learning Agreement are approved.

|  |
| --- |
| **The student**Student’s signature Date:  |
| **The sending institution**Responsible person’s signature Date:  |
| **The receiving institution**Responsible person’s signature Date:  |

**SECTION TO BE COMPLETED AFTER THE MOBILITY**

**RECOGNITION DOCUMENT**

Period of the mobility: from \_\_\_\_\_\_\_\_\_\_\_\_\_ till \_\_\_\_\_\_\_\_\_\_\_\_\_ .

**TRANSCRIPT OF RECORDS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course code | Course title | Successful completion of the course (YES/NO) | ECTS | Grade |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | Total:\_\_\_ |  |

*[Signature of responsible person in receiving institution, stamp and date]*