



# LEARNING AGREEMENT FOR .....

(INDICATE THE MOBILITY PROGRAM)

## I. DETAILS OF THE STUDENT

Name of the student: .....	Country: CZECH REPUBLIC
Home university: MASARYK UNIVERSITY	Academic Year: .....
MU faculty and field of study at home university:	
MU Departmental coordinator's/ Responsible person name:	

## II. DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

Host university/ institution: ..... (in English)	Country: ..... (in English)
Study period at host university/ institution: from .....(dd.mm.yyyy) to ..... (dd.mm.yyyy)	

Course/ unit code	Semester	Course/unit title (in English, as indicated on transcript of records)	Course language	Number of credits	Host Credit system*	MU form of recognition**	MU recognized credits***	MU recognized course code****

- Indicate the credit system at host institution (ECTS or other). If other, please provide further details on a separate sheet of paper.
- \*\* To be filled by the MU responsible person (from MU faculty). Indicate by entering the letter (A, B, C or D) the form of recognition at Masaryk University: Choose from "A" for compulsory course recognition as equivalent to MU course /uznání jako povinný předmět způsobem předmět za předmět, "B" for selective course recognition as equivalent to MU course/ uznání jako povinně-volitelný předmět způsobem předmět za předmět, or "D" for selective course recognition/ uznání jako povinně-volitelný předmět ostatním způsobem, or "C" for elective course recognition/ uznání jako volitelný předmět ostatním způsobem. If not decided yet enter/ nerozhodnuto, vložte „-“. If "A" or "B" is chosen, student may need to submit additional document for final course recognition.
- \*\*\* To be filled by the MU responsible person (from MU faculty). Indicate the number of ECTS credits given to the course at Masaryk University.
- \*\*\*\* To be filled by the MU responsible person (from MU faculty). Enter MU course code only for "A" and "B" form of recognition. For "C" and "D" enter "-".

## I. COMMITMENT OF THE THREE PARTIES

The student: .....	Date: .....(dd.mm.yyyy)
Student's signature: .....	

Masaryk University (Home institution): We confirm that this proposed programme of study/learning agreement is approved and <b>we are aware of the indication of the form of recognition at MU and the number of credits to be recognized at MU.</b>	
Departmental coordinator's name/ Responsible person name: .....	Date: .....(dd.mm.yyyy) Signature: .....
Coordinator's name/ Responsible person's name: .....	Date: .....(dd.mm.yyyy) Signature: .....

Host university/institution: We confirm that this proposed programme of study/learning agreement is approved.	
Departmental coordinator's name/ Responsible person name: .....	Date: .....(dd.mm.yyyy) Signature: .....
Coordinator's name/ Responsible person's name: .....	Date: .....(dd.mm.yyyy) Signature: .....

