

LEARNING AGREEMENT FOR STUDIES

Student

Last name (s)	First name (s)	
Date of birth	Nationality	
E-mail	Phone	
Sex [<i>M/F</i>]	Academic year	
Study cycle	Field of education	0215 (Music & Performing Arts)
Current study programme	Main instrument (if applicable)	
Duration of study programme	Current study year	

Sending Institution

Name	IMEP Institut Supérieur de Musique et de Pédagogie	Faculty	MUSIC
Erasmus code (if applicable)	B NAMUR 13	Department	/
Address	Rue Juppin 28 5000 Namur, BELGIUM	Country	BELGIUM (BE)
Contact person name	Blanche MARCHAL	E-mail / phone	<u>erasmus@imep.be</u> +32 81 73 64 37
Responsible person name	Guido JARDON	E-mail / phone	direction@imep.be +32 81 73 64 37

Receiving Institution

Name	Faculty	
Erasmus code (if applicable)	Department	
Address	Country	
Contact person name	E-mail / phone	
Responsible person name	E-mail / phone	









BEFORE THE MOBILITY

Proposed mobility programme

Planned period of the mobility: from to

Table A: Study programme at Receiving Institution

Component code	Component title (as indicated in the course catalogue) at Receiving institution	Semester [autumn / spring] or term	Assessment mode [e.g. exam, pass/fail test]	N° of ECTS credits to be awarded by Receiving Institution if success
				Total:

Web link to the course catalogue at Receiving Institution describing the learning outcomes:

Web link(s) to be provided.

Table B: Recognition at Sending Institution

Group of educational components in the student's degree that would normally be completed at Sending institution and which will be replaced by the study abroad_NB no one to one match with Table A is required. Where all credits in Table A are recognized as forming part of the programme at Sending institution without any further conditions being applied, Table B may be completed with a reference to the mobility window (see guidelines).





Component code	Component title (as indicated in the course catalogue) at the sending institution	Semester [autumn/ spring] or term	Assessment mode (e.g. exam, pass/fail test)	Number of E C T S * credits(or equivalent)
			TOTAL:	

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

http://www.imep/be/fr/grilles-de-cours

Language competence of Student

The level of language competence in [the main language of instruction] that Student already has or agrees to acquire I the start of the study period is:

A1 - A2 - B1 X B2 - C1 - C2 - Native speaker -





COMMITMENT OF THE THREE PARTIES

By signing this document, the Student, the Sending Institution and Receiving Institution confirm that they approve the 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 Sending Institution and the student should also commit to what is set out in the Erasmus+ grant agreement. The Receiving Institution confirms that the educational components listed in Table A are in line with its course catalogue and should be available to the student. The Sending Institution commits to recognise all the credits gained at the Receiving Institution for the successfully completed educational components and to count them 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 the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period.

Student
Date:
Date:
Sending Institution
Guido JARDON, Director
Date:
Date:
Receiving Institution
Responsible person's signature
Date:





DURING THE MOBILITY

CHANGES TO THE ORIGINAL LEARNING AGREEMENT

Exceptional changes to the proposed mobility programme

Table A2: Exceptional changes to study programme at Receiving Institution or additional components in case of extension of stay abroad (changes of Table A)

Component code (if any) at Receiving Institution	Component title (as indicated in the course catalogue) at Receiving Institution	Deleted component [tick if applicable]	A d d e d component [tick if applicable]	Reason f o r change*	Number of ECTS credits to be awarded by Receiving Institution if success
					Total:

Table B2: Exceptional changes to Recognition at Sending Institution (changes of Table B)

Component code (if any) at Sending Institution	Component title (as indicated in the course catalogue) at Sending Institution	Deleted component [tick if applicable]	A d d e d component [tick if applicable]	Number of ECTS credits or equivalent
				Total:

The student, the Sending and the Receiving Institutions confirm by e-mail or signature that they approve the proposed amendments to the mobility programme.

Student	
Student's signature	Date:





Responsible person's signature	Guido JARDON	Date:	
Receiving Institution			
Responsible person's signature		Date:	
Responsible person's signature		Date:	
	person(s), if any:	Date:	
	person(s), if any:	Date:	
		Date:	
Changes of responsible	ling Institution:	Date:	

* Reasons for exceptional changes to study programme abroad:

New Responsible person in Receiving Institution:

Name:

Phone number:

Reasons for deleting a component	Reason for adding a component
Previously selected educational component is not available at receiving institution	5) Substituting a deleted component
2) Component is in a different language than previously specified in the course catalogue	6) Extending the mobility period
3) Timetable conflict	7) Other (please specify)
4) Other (please specify)	

Function:

E-mail:





AFTER THE MOBILITY

The Student

Last name (s)	First name (s)	
Sending Institution	Receiving Institution	

Confirmation of the study period at receiving institution

From (day/month/year)	Till (day/month/year)	

Transcript of records at receiving institution Table C: academic outcomes at Receiving Institution

Component code	Component title (as indicated in the course catalogue) at Receiving Institution	Was the co successful completed	omponent lly l?	Number of ECTS credits or equivalent	Receiving institution grade
		Yes □	No 🗆		
		Yes 🗆	No □		
		Yes 🗆	No □		
		Yes 🗆	No □		
		Yes 🗆	No 🗆		
		Yes 🗆	No 🗆		
		Yes 🗆	No 🗆		
		Yes 🗆	No 🗆		
		Yes 🗆	No 🗆		
		Yes 🗆	No 🗆		
		Yes 🗆	No 🗆		
		Yes 🗆	No 🗆		
		Yes 🗆	No 🗆		
				Total:	

Information about grade distribution at Receiving institution:1





Name, surname and signature of Responsible person in Receiving Institution and date			
Name, surname:	Signature:		
Date:			

COMMITMENT

Transcript of records and recognition by sending institution Table D: recognition of academic outcomes at Sending Institution

Component code (if any)	Title of recognised component (as indicated in the course catalogue) at Sending institution	Number of ECTS credits or equivalent	Grades registered at Sending institution
			(if applicable)
		Total:	

Name, surname and signature of Responsible person in Sending Institution and date			
Name, surname:	Guido JARDON, Director	Signature:	
Date:			





1 It is recommended to institutions to give a web link to grade distribution, or attach information to the Transcript of Records



