

LEARNING AGREEMENT FOR STUDIES

Student

Last name (s)		First name (s)	
Date of birth		Nationality	
E-mail		Phone	
Sex [M/F]		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 Juppín 28 5000 Namur, BELGIUM	Country	BELGIUM (BE)
Contact person name	Blanche MARCHAL	E-mail / phone	erasmus@imep.be +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	

Proposed mobility programme

Table A: Study programme at Receiving Institution

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

Table B: Recognition at Sending Institution

Institut Supérieur
IMEP
Musique & Pédagogie

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:

Sending Institution

Guido JARDON, Director

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]	Added component [tick if applicable]	Reason for change*	Number of ECTS credits to be awarded by Receiving Institution if success
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
					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]	Added component [tick if applicable]	Number of ECTS credits or equivalent
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
				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:

Sending Institution

Responsible person's signature

Guido JARDON

Date:

Receiving Institution

Responsible person's signature

Date:

Changes of responsible person(s), if any:**New Responsible person in Sending Institution:**

Name:

Function:

Phone number:

E-mail:

New Responsible person in Receiving Institution:

Name:

Function:

Phone number:

E-mail:

* Reasons for exceptional changes to study programme abroad:

<i>Reasons for deleting a component</i>	<i>Reason for adding a component</i>
1) 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)	

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)	
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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 component successfully completed?		Number of ECTS credits or equivalent	Receiving institution grade
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
				<i>Total:</i>	

Information about grade distribution at Receiving institution:¹

Date:

Table D: recognition of academic outcomes at Sending Institution

Date:

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