**Learning Agreement**

**Student Mobility for Studies**

**ERASMUS+ KA107**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student**  | **Last name(s)** | **First name(s)** |  | **Date of birth** | **Nationality** | **Gender: [Male/Female/Undefined]** | **Study cycle** | **Field of education**  |
|  |  |  |  |  |  | ISCED THIRD CYCLE/ DOCTORAL OR EQUIVALENT |  |
| **Sending Institution** | **Name** | **Faculty/Department** |  | **Erasmus code**  **(if applicable)** | **Address** | **Country** | **Contact person name; email; phone** |
| Université des sciences et de la technologie d’Oran Mohamed Boudiaf |  |  | DZAlgeria | El M’naour, BP1505, Bir El Djir 31000, Oran | Algeria | Amina BELKEDAHerasmusplus@univ-usto.dz |
| **Receiving Institution**  | **Name** | **Faculty/ Department** |  | **Erasmus code (if applicable)** | **Address** | **Country** | **Contact person name; email; phone** |
| UNIVERSIDAD DE CÁDIZ | ESCUELA DE DOCTORADO |  | E CADIZ01 | PLAZA FALLA, 8 11003 CÁDIZ  | SPAIN | GERARD ISRAEL FERNÁNDEZ SMITHsecretaria.educa@uca.es;  |
|  | **Before the mobility** |
|  |  | ***Study Programme at the Receiving Institution*****Planned period of the mobility: from [02/2022] to [07/2022]**  |
| **Table A****Before the mobility** | **Component code**(if any) |  | **Component title at the Receiving Institution**(as indicated in the course catalogue) | **Semester**  | **Number of ECTS credits (or equivalent) to be awarded by the Receiving Institution upon successful completion** |
|   |  9999002 | **ESTANCIA DE INVESTIGACION** |  |  | (TO BE DETERMINED AT THE END OF THE MOBILITY BY THE TUTOR) |
|   |  |  |  |  | **Total: …** |
|  | Web link to the course catalogue at the Receiving Institution describing the learning outcomes: [*web link to the relevant information*] |
|  |  |  |  |  |  |  |  |  |  |
|  | The level of language competence in \_\_\_\_\_\_\_\_ [*indicate here the main language of instruction*] that the student already has or agrees to acquire by the start of the study period is: *A1* ☐ *A2* ☐ *B1* ☐ *B2* ☐ *C1* ☐ *C2* ☐ *Native speaker* ☐ |

|  |  |
| --- | --- |
|   | ***Recognition at the Sending Institution*** |
| **Table B****Before the mobility** | **Component code** (if any) | **Component title at the Sending Institution**(as indicated in the course catalogue) | **Semester**  | **Number of ECTS credits (or equivalent) to be recognised by the Sending Institution** |
|   |   | **RESEARCH WORK ON DOCTORATE THESIS** |  |  |
|   |   |  |  |  |
|   |  |  |  | **Total: 30** |
| Provisions applying if the student does not complete successfully some educational components: *[web link to the relevant information]* |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| ***Commitment*** By signing this document, the student, the Sending Institution and the 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 Beneficiary 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 or equivalent units 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. |
| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| **Student** |  |  | *Student* |  |  |
| **Responsible person at the Sending Institution****USTO-MB** |  |  |  |  |  |
| **Responsible person at the Receiving Institution****UCA** |  |  |  |  |  |