**LEARNING AGREEMENT FOR STUDIES**

**Sections 1 and 2 of this form should be completed by the student before commencing the study placement overseas**.

**Section 1 – Contact details**

**The Student**

|  |  |
| --- | --- |
| **a) Full Name:** |  |
| **b) Study Level:** |  |
| **c) Field of Study** |  |

**The Home University**

|  |  |
| --- | --- |
| **d) Name and address:** | University of Cambridge, The Old Schools,  Trinity Lane, Cambridge, CB2 1TN, UK |
| **e) Department or Faculty:** |  |
| **f) Departmental Coordinator name, email, phone:** |  |

**The Host Institution**

|  |  |
| --- | --- |
| **g) Name and address:** |  |
| **h) Department/Faculty if applicable** |  |
| **i) Coordinator name, email, phone** |  |

#### **Section 2**

**PROPOSED STUDY PLAN**

|  |
| --- |
| **a) Planned period of study at host institution**: from [day/month/year] ……………. till [day/month/year] …………… |
| **b) Details of programme** (e.g. modules or courses to be undertaken) |
| **c) Expected learning outcomes** |
| **d) Evaluation** (how will progress be assessed?) |

**Web Link to the course catalogue/information if applicable:**

Please provide the web link to information about the modules/course to be undertaken:

|  |
| --- |
|  |

**Please send the Learning Agreement to your institutional contact at your host for signature, then sign the document yourself and forward it to your Cambridge departmental co-ordinator for final signature.**

By signing this document, the student, the home university and the host university confirm that they approve the Learning Agreement and proposed study plan.

Once signed, any changes to the study plan should be communicated to the home University, and approved by completing Section 3 of the Learning Agreement.

**Signatures**

|  |
| --- |
| **The student: Name**  **Email: Position:** Student  Signature Date: |
| **Home university – departmental coordinator:**  **Email:**   **Position:**  Signature Date: |
| **Host institution –coordinator name:**  **Email: Position:**  Signature Date: |

**Section 3**

**To be completed during the study placement if there are changes to the original Learning Agreement**

**Changes to the study plan**

|  |
| --- |
|  |

The student, the home and host institutions confirm that they approve the proposed amendments to the study plan.

**Approval by e-mail or signature of the student and of the home and host institutions’ responsible persons.**

**Changes**

|  |
| --- |
| **The student: Name**  **Email: Position:** Student  Signature Date: |
| **Home University – departmental coordinator:**  **Email: Position:**  Signature Date: |
| **Host institution – coordinator Name:**  **Email: Position:**  Signature Date: |

**Section 4**

**To be completed at the end of the study placement**

#### **HOST INSTITUTION’S EVALUATION**

|  |
| --- |
| **Name of student:** |

|  |
| --- |
| **Name of institution:** |

|  |
| --- |
| **Start and end dates of the study period:** from *[day/month/year]* till *[day/month/year]*. |

Your host institution should complete this section at the end of the study placement. Alternatively, a transcript of records can be provided if it contains the same information.

|  |  |  |
| --- | --- | --- |
| **Module / Course** | **Completed?** | **Grade / Result**  **(where applicable)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Host institution coordinator**  Responsible person’s signature: Date: |