



Funded by the European Union

Intra-Africa Mobility Scheme

Mobility for high skilled scientists and entrepreneurs on orphan crops in higher education for accelerated climate change solutions in Africa

ORPHAN

LEARNING AGREEMENT

ACADEMIC YEAR:...

STUDY PERIOD: from...DD/MONTH/YEAR. **to**...DD/MONTH/YEAR

FIELD OF STUDY:

Name of student:
Student's e-mail address:
Home Institution: Country:
Type of mobility:
Host institution: Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the course catalogue)	Semester (autumn/spring)	Number of agreed system credits
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Student's signature Date:
HOME INSTITUTION We confirm that the learning agreement is accepted. Departmental coordinator's signature and Name Institutional coordinator's signature and name Date:Date:

HOST INSTITUTION

We confirm that the learning agreement is accepted.
Departmental coordinator's signature and Name

Institutional coordinator's signature and Name

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Date: Date:

LEARNING AGREEMENT PAGE 1

CHANGES TO ORIGINAL LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code and page no. of the course catalogue	Course unit (as indicated in the course catalogue)	Deleted course unit	Added course unit	Number of agreed system credits
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If necessary, continue this list on a separate sheet

Student's signature Date:



HOME INSTITUTION

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator's signature and Name

Institutional coordinator's signature and Name

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Date:Date:.....

HOST INSTITUTION

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

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Date: Date: