

HOW CAN I FILL THE LEARNING AGREEMENT CORRECTLY?

General information

Student	Last name(s)	First name(s)	Date of birth	Nationality*	Gender [Male/Female/Undefined]
	ESI*, if applicable		Study cycle*	Field of education* (ISCED)	Field of education (clarification)
Sending Institution	Name	Faculty/Department	Erasmus code*/ City	Country	Administrative contact person name*; email; phone
Receiving Institution	Name	Faculty/Department	Erasmus code*/ City	Country	Administrative contact person name*; email; phone
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 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/>					

- ✓ **All fields (Student / Sending Institution / Receiving Institution) must be filled in (If you don't know anything about our University, please contact us by e-mail)**

	Study cycle*	

- ✓ **If you are bachelor student, please write EQF level 6 or Bachelor**
- ✓ **If you are master student, please write EQF level 7 or Master**
- ✓ **If you are doctorate student, please write EQF level 8 or Doctorate**

The level of language competence* in _____ [indicate here the main language of instruction] that the student already has or agrees to acquire by study period is: A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Native speaker <input type="checkbox"/>
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- ✓ **According to your language level, please mark it.**

Mobility type and duration

Learning agreement for studies type (select one)	Estimated duration
<ul style="list-style-type: none"> • Long-term mobility <input type="checkbox"/> / Virtual component (only if applicable) <input type="checkbox"/> • Short-term mobility with a mandatory virtual component <input type="checkbox"/> • Short-term doctoral mobility <input type="checkbox"/> / Virtual component (only if applicable) <input type="checkbox"/> 	Planned period of the physical mobility: <ul style="list-style-type: none"> • Academic year [year/year] • from [day (optional)/month/year] • to [day (optional)/month/year]
In case the mobility combines studies and traineeship, this template should be used and adjusted to fit both activity types.	

✓ Please mark "Long-term mobility".

Mobility type and duration

	Estimated duration (to be confirmed by the Receiving Institution)
(only if applicable) <input type="checkbox"/> Short-term <input type="checkbox"/> (only if applicable) <input type="checkbox"/>	Planned period of the physical mobility: <ul style="list-style-type: none"> • Academic year [year/year] • from [day (optional)/month/year] • to [day (optional)/month/year]

✓ Please write the academic year when you will take the courses.

✓ Please write the period of the lessons we have informed you.

Before the mobility

Table A			
Study Programme at the Receiving Institution (physical component of the mobility)			
Component code* (if any)	Component title at the Receiving Institution	Term [e.g. autumn/spring; term]	Number of ECTS credits* (or equivalent) to be awarded by the Receiving Institution upon successful completion
			Total: ...
Web link to the course catalogue at the Receiving Institution describing the learning outcomes: [web link to the relevant information]			

✓ Please write the courses which you will take at the Receiving Institution.

For the course catalogue : <https://bbs.karatekin.edu.tr/> (Please pay attention to the course alignment).

✓ Dont forget to write total number of ECTS credits.

Table C Recognition at the Sending Institution (physical and virtual components, if applicable)				
Component code (if any)	Component title at the Sending Institution (as indicated in the course catalogue)	Term [e.g. autumn/spring; term]	Number of ECTS credits (or equivalent) to be recognised by the Sending Institution	Automatic recognition*
				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"/>
			Total: ...	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provisions applying if the student does not complete successfully some educational components*: [web link to the relevant information]				

✓ Please write the courses you will count instead of in your University.

Commitment of the three parties

<p>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 third countries not associated to the Programme). The Beneficiary Organisation 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 are in line with its course catalogue or as agreed otherwise 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. 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.</p>					
Commitment	Name	Email	Position	Date	Signature
Student			Student		
Responsible person at the Sending Institution*					
Responsible person at the Receiving Institution*					

✓ Please signed it. It is important. Signature scanned is not acceptable.