**Overseas Exchange Programme**

**LEARNING AGREEMENT**

**ACADEMIC YEAR 20......./20……..**

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| Name of student: ……………………………………………………………………………………………………………………………  Brunel student ID number: …………………… Level in which exchange will take place: …………………  College/Department/Division  Title of final degree: ……………………………………………………………………………………………………………………………….. |

**DETAILS OF THE PROPOSED STUDY PROGRAMME AT HOST INSTITUITON**

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| Host institution:  Country: |

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| Course unit code (if any) | Course unit title | Number of host institution credits | Number of Brunel credits |
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(if necessary, continue the list on a separate sheet)

* **I agree and understand that I will obtain any Health or Travel Insurance required by the Host Institution at my own cost before travelling.**
* **I agree and understand that I will arrange any Health or Travel Insurance required by Brunel University London before travelling.**

**Student’s signature**:

**Date:**

|  |  |
| --- | --- |
| \*Fair translation of grades must be ensured. The student has been informed about the methodology\*  **Student’s signature**: Date: | |
| **HOME INSTITUTION**  We confirm that the proposed programme of study meets the required learning outcome(s). | |
| Academic Exchange Coordinator’s signature    Date: | Institutional Exchange Coordinator’s signature    Date: |

|  |  |
| --- | --- |
| **HOST INSTITUTION**  We confirm that this proposed programme of study/learning agreement is approved. | |
| Academic Exchange Coordinator’s signature    Date: | Institutional Exchange Coordinator’s signature    Date: |

**\* GEO to provide the TAG office (Registry) with a copy of this form, in order to record the information on SITS.**

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**

(to be filled in ONLY if appropriate)

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| Name of student: …………………………………………………………………………………………………………………………………………  Brunel student ID number: ……………………. Level in which exchange will take place: ……………………  College/Department/Division:  Title of final degree: …………………………………………………………………………………………………………………………… |

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| --- |
| Host institution:  Country: |

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| --- | --- | --- | --- |
| Course unit code (if any) | Course unit title | Number of host institution credits | Number of Brunel credits |
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(if necessary, continue this list on a separate sheet)

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| **Student’s signature**: Date: |

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| --- | --- |
| **HOME INSTITUTION**  We confirm that the proposed programme of study meets the required learning outcome(s). | |
| Academic Exchange Coordinator’s signature    Date: | Institutional Exchange Coordinator’s signature    Date: |

|  |  |
| --- | --- |
| **HOST INSTITUTION**  We confirm that this proposed programme of study/learning agreement is approved. | |
| Academic Exchange Coordinator’s signature    Date: | Institutional Exchange Coordinator’s signature    Date: |

* **I agree and understand that I will obtain any Health or Travel Insurance required by the Host Institution at my own cost before travelling.**
* **I agree and understand that I will arrange Brunel University London’s travel insurance before travelling.**

**Student’s signature**:

**Date:**