



Erasmus+

Haute Ecole de la Ville de Liège

Higher Education
Learning Agreement form

LEARNING AGREEMENT FOR STUDIES

PHOTO

The Student

Last name (s)		First name (s)	
Date of birth		Nationality	
Sex [M/F]		Academic year	20../20..
Study cycle		Subject area,	
Mobile Phone		E-mail	
Adresse			

The Sending Institution

Name	Haute Ecole de la Ville de Liège	Faculty	
Erasmus code (if applicable)	B LIEGE 42	Department	
Address	2, rue Hazinelle 4000 LIEGE	Country, Country code	Belgium - BE
Contact person ⁴ name		Contact person e-mail / phone	

The Receiving Institution

Name		Faculty	
Erasmus code (if applicable)		Department	
Address		Country	
Contact person name		Contact person e-mail / phone	



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NAME
First Name

Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from [month/year] till [month/year]

This Learning Agreement includes all the educational components to be carried out by the student at the receiving institution.

Bachelor	Bloc	Unit/Courses	Number of ECTS
TOTAL			

Language competence of the student

The level of language competence in French/English that the student already has or agrees to acquire by the start of the study period (for the above-mentioned dates) is:

A1 A2 B1 B2 C1 C2

II. RESPONSIBLE PERSONS

Responsible person in the sending institution:

Name:

Function: Head of International Office

Phone number:



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Responsible person in the receiving institution:

Name:

Function:

Phone number:

E-mail:



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III. COMMITMENT OF THE THREE PARTIES

By signing¹ this document, the student, the sending institution and the receiving institution confirm that they approve the proposed 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 receiving institution confirms that the educational components listed in the appendix (Contrat d'équivalence) are in line with its course catalogue.

The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree as described in the appendix.

The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period.

The student	
Student's signature	Date:
The sending institution	
Departmental coordinator's signature	Date:
The sending institution	
Head of Department signature	Date:
The receiving institution	
Departmental coordinator's signature	Date:
The receiving institution	
Head of Department signature	Date:

¹ Scanned copies of signatures or digital signatures are recognised. There is no need to circulate papers with original signatures.



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Section to be completed DURING THE MOBILITY

CHANGES TO THE ORIGINAL LEARNING AGREEMENT

I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

Exceptional changes should be made within a month. Only if absolutely necessary, any party can request changes within the first two-week period after regular classes/educational components have started. All these changes have to be agreed by the coordinating teacher, the receiving institution and the sending institution within a two-week period after the request.

II. CHANGES IN THE RESPONSIBLE PERSON, if any:

New responsible person in the receiving institution:	
Name:	Function:
Phone number:	E-mail:

III. COMMITMENT OF THE THREE PARTIES

The student	
Student's signature or approval by e-mail	Date:

The sending institution	
Responsible person's signature or approval by e-mail	Date:

The receiving institution	
Responsible person's signature or approval by e-mail	Date:



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First Name

Section to be completed AFTER THE MOBILITY

RECOGNITION DOCUMENT

Actual dates of the start and the end of the study period:

from [day/month/year] till [day/month/year]

The receiving institution commits to provide the sending institution and the student with a Transcript of Records.

All the above educational components will appear as well in the student's Diploma Supplement with also the exact title that they had in the receiving institution.

STAMP (if possible)

The sending institution

Responsible person's signature or approval by e-mail

Date:

The receiving institution

Responsible person's signature or approval by e-mail

Date: