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| **KAHO** | **KaHo Sint-Lieven**  **Centrale Diensten**  **Dienst Internationalisering –**  **International Relations Office** | **Campus Rabot**  **Gebroeders Desmetstraat 1**  **B-9000 GENT**  **Tel.: +32 (0)9 265 86 45**  **Fax: +32 (0)9 265 86 46**  **email. euro@kahosl.be** |

**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM**

**LEARNING AGREEMENT**

**ACADEMIC YEAR …………………………………- FIELD OF STUDY: ………………………………**

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| Name of student: …………………………………………………………………………………………………..  Sending institution:  ……………**KaHo Sint-Lieven**……………………………………………….. Country: ………**Belgium** …… |

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT**

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| Receiving institution:  ……………………………………………………………………….. Country: ……………………………… |

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| Course unit code  (if any)  and page no. of the information package | Course unit title (as indicated in  the information package) | Number of  ECTS credits |
| …………………………………not applicable …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | ………………………………………………………………..………………………………………………………………..………………………………………………………………..………………………………………………………………..………………………………………………………………..………………………………………………………………..………………………………………………………………..………………………………………………………………..………………………………………………………………..………………………………………………………………..………………………………………………………………..………………………………………………………………..……………………………………………………………….. | ……………………..  ……………………..  ……………………..  ……………………..  ……………………..  ……………………..  ……………………..  ……………………..  ……………………..  ……………………..  ……………………..  ……………………..  …………………….. |

*If necessary, continue this list on a separate sheet*

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| Student’s signature  ………………………………………………………… | Date: ………………………………………………….. |

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| **SENDING INSTITUTION** |  |
| We confirm that this proposed programme of study/learning agreement is approved. | |
| Departemental coordinator’s signature  …………………………………………………………  Date: ………………………………………………….. | Institutional coordinator’s signature  …………  Date …………………………………….. |

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| **RECEIVING INSTITUTION** |  |
| We confirm that this proposed programme of study/learning agreement is approved. | |
| Departemental coordinator’s signature  …………………………………………………………  Date: ………………………………………………….. | Institutional coordinator’s signature  …………………………………………………………  Date: ………………………………………………….. |
| Name of student: …………………………………………………………………………………………………..  Sending institution:  …………………………………………………………………………. Country: ………………………….… | |

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

*(to be filled in ONLY if appropriate)*

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| Course unit code (if any) and page no. of the information package | Course unit title (as indicated in the information package) | Deleted course unit | Added course unit | Number of ECTS credits |
| ……………………….  ……………………….  ……………………….  ……………………….  ……………………….  ……………………….  ……………………….  ……………………….  ……………………….  ………………………. | ……………………………………………….  ……………………………………………….  ……………………………………………….  ……………………………………………….  ……………………………………………….  ……………………………………………….  ……………………………………………….  ……………………………………………….  ……………………………………………….  ………………………………………………. |  |  | ……………….  ……………….  ……………….  ……………….  ……………….  ……………….  ……………….  ……………….  ……………….  ………………. |

*If necessary, continue this list on a separate sheet*

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| Students signature  ………………………………………………………… | Date: ………………………………………………….. |

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| **SENDING INSTITUTION** |  |
| We hereby confirm the above-listed **changes** to the initially agreed programme of study/learning agreement are approved. | |
| Departemental coordinator’s signature  …………………………………………………………  Date: ………………………………………………….. | Institutional coordinator’s signature  …………………………………………………………  Date: ………………………………………………….. |

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| **RECEIVING INSTITUTION** |  |
| We hereby confirm the above-listed **changes** to the initially agreed programme of study/learning agreement are approved. | |
| Departemental coordinator’s signature  ………………………………………………………  Date: ………………………………………………….. | Institutional coordinator’s signature……………………………………………  Date: ………………………………………………….. |

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| KAHO | **KaHo Sint-Lieven**  **Centrale Diensten**  **Dienst Internationalisering –**  **International Relations Office** | Campus Rabot  Gebroeders Desmetstraat 1  B-9000 GENT  Tel.: +32 (0)9 265 86 45  Fax: +32 (0)9 265 86 46  email. [euro@kahosl.be](mailto:euro@kahosl.be) |

**SOCRATES/ERASMUS EXCHANGE EVALUATION FORM**

**To be completed by the contact person/supervisor at the guest university**

Dear European Colleague,

You have been supervising students of KaHo Sint-Lieven during their Socrates/Erasmus student exchange period.

The KaHo Sint-Lieven has introduced the European Credit Transfer Sytem. For this reason, we would like you to complete this ECTS evaluation form before the end of the exchange period and to return this form to the contact person in KaHo Sint-Lieven with whom you have organised this exchange.

**by (date to be completed ) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Thank you in advance for your kind cooperation.

With European greetings,

Hilde Lauwereys, International Relations Officer

tel. 32 9 265 86 45 fax. 32 9 265 86 46 email. euro@kahosl.be