



# Indian Institute of Technology Guwahati

## Learning Agreement for IIT Guwahati Students

FORM NO: 15

ALUMNI AFFAIRS AND EXTERNAL RELATIONS

1.	Name of the student:  Department:	Name of the host university and the Department:
2	Name and Email ID of the contact faculty member at host university:	Date of Birth: Roll No. Gender (M/F): Semester:
3	Proposed semester to study at the host University:	Email:  Phone(Mobile):

### Course Details

Study programme in the host University: (student is required to ensure that the courses below are available in the home university and can be taken for study. Pl. attach email id from the host university in this regard.)			Equivalent study programme at Home University (these courses will be replaced by the courses taken in host university)		
Code	Name of the course/s	Credits	Code	Name of the course/s	Credits
Note: If necessary, continue the list on a separate sheet					Total:

(Student's Signature)  
**Home University**

(HoD Signature)  
**Home University**

(Supervisor's Signature)  
**Home University**

### Host University Office

We confirm that the proposed courses mentioned above are approved and all credits can transfer back in the student's course of study at the home university.

(Signature)  
Department HoD  
with seal pl.

**Host University**

(Signature)  
Designation  
with seal pl.

**Host University**

Signature)  
Designation  
with seal pl.

**Host University**