



## Swiss-European Mobility Programme (SEMP) - LEARNING AGREEMENT

### ECTS – EUROPEAN CREDIT TRANSFER SYSTEM

ACADEMIC YEAR:.....À..... FIELD OF STUDY:.....

<b>STUDENT</b> (name/surname):	<del>XXXXXXXXXX</del>	E-mail :
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**SENDING INSTITUTION**

University of Lausanne - Unicentre- CH-1015 Lausanne – Switzerland.  
**ERASMUS Charter : 257568-IC-1-2011-1-CH-ERASMUS-EUCX-1**      **ERASMUS ID-code: CHLAUSANN01**

Departmental coordinator

**Faculty / Department :** ..... **Contact Person :** .....

**Phone +41 21 692** ..... - **Fax +41 21 692** ..... - **Email :** .....@unil.ch

Institutional coordinator:  
**Ms Sylvie Kohli - International Relations office - Château de Dorigny - CH-1015 Lausanne - Switzerland**

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD**

A  
 Receiving Institution :  
 Country :

Course unit code (IF any) <i>and page no. of info. package</i>	Course unit title <i>(as indicated in the information package)</i>	Course level		Number of ECTS credits (ECTS or other : specify)
		Bachelor	Master	

*If necessary, continue the list on a separate sheet*  
*Fair translation of grades must be ensured and the student has been informed about the methodology*

**SIGNATURES**

Student's signature	Date :
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**UNIVERSITY OF LAUSANNE**

We confirm that the proposed programme of study/learning agreement is approved.

Departmental/faculty coordinator's signature:      Institutional coordinator's signature :  
 À

Date : \_\_\_\_\_      Date : \_\_\_\_\_

**RECEIVING INSTITUTION**

We confirm that the proposed programme of study/learning agreement is approved.

Departmental/faculty coordinator's signature:      Institutional coordinator's signature :  
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Date : \_\_\_\_\_      Date : \_\_\_\_\_

## CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

### STUDENT

Name Surname: Sending Institution : University of Lausanne, Switzerland	E-mail :
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*(to be filled in only if appropriate)*

Receiving Institution :						
Country :						
Course unit code (IF any) and page no. of info. package	Course unit title (as indicated in the information package)	Course level		Deleted Course	Added Course	Number of ECTS credits (ECTS or other : specify)
		Bachelor	Master			

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

### SIGNATURES

Student's signature	Date :
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### UNIVERSITY OF LAUSANNE

We confirm that the proposed programme of study/learning agreement is approved.	
Departmental/faculty coordinator's signature:	Institutional coordinator's signature :
_____	_____
Date : _____	Date : _____

### RECEIVING INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved.	
Departmental/faculty coordinator's signature:	Institutional coordinator's signature :
_____	_____
Date : _____	Date : _____