



**Intra-Africa Mobility Scheme
Capacity Building of African Young Scientists in Precision Agriculture
(PATH)**

LEARNING AGREEMENT

ACADEMIC YEAR: 20.../20...

STUDY PERIOD: from..... to.....

FIELD OF STUDY:

Name of student: Student's e-mail address: Sending Institution: Country:
Receiving institution: Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the course catalogue)	Semester (autumn/spring)	Number of agreed system credits
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Student's signature Date:



HOME INSTITUTION

We confirm that the learning agreement is accepted.

Departmental coordinator's signature (with stamp):

Date:

Institutional coordinator's signature:

Date:

HOST INSTITUTION

We confirm that the learning agreement is accepted.

Departmental coordinator's signature

Date:

Institutional coordinator's signature

Date:

LEARNING AGREEMENT PAGE 1

**CHANGES TO ORIGINAL LEARNING AGREEMENT
(to be filled in ONLY if appropriate)**

Course unit code and page no. of the course catalogue	Course unit (as indicated in the course catalogue)	Deleted course unit	Added course unit	Number of agreed system credits
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

If necessary, continue this list on a separate sheet

Student's signature **Date:**



HOME INSTITUTION

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator's signature

Date:

Institutional coordinator's signature

Date:

HOST INSTITUTION

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator's signature

Date:

Institutional coordinator's signature:Date: