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| **Learning Agreement for Incoming Students** |  |

**Academic Year 20.… / 20….**

**Host School at Loughborough University** …………………………………………………………………………

Name of Student ……………………………………………………………………………………………………………….

Sending Institution ……………………………………………………………………………………………………………..

Country ………………………………………………………………………………………………………………………….

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| **Module Code** | **Module Title** | **Number of Credits** |
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Student’s signature: …………………………………………………………... Date: ………………………………...

**Sending Institution**

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

Departmental Coordinator’s signature ……………………………………… Date: ………………………………...

Institutional Coordinator’s signature ………………………………………… Date: ………………………………...

**Receiving Institution**

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

School Coordinator’s signature ……………………………………… Date: ………………………………...

Institutional Coordinator’s signature ………………………………………… Date: ………………………………...