**CHARM-EU Learning agreement for online courses**

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| First name:  Family name:  Email:  Study level:  Field of study:  Home university:  Faculty / Department: |
| Name of the University offering the online course: |

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| Course code (if applicable) at the Receiving Institution | Title of the course at the Receiving Institution (as indicated in the Course Catalogue) | Number of ECTS credits to be awarded by the Receiving Institution |
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| Course code at the Sending Institution | Title of the course at the Sending Institution | Number of ECTS credits to be recognised by the Sending Institution |
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|  |  |  |
|  |  |  |
|  | Total credits: |  |

*Students are aware that they are responsible for ensuring there are no timetable clashes between the CHARM-EU Transnational Online Learning courses and the courses they are taking at their home university.*

**STUDENT SIGNATURE**

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| I confirm that I will participate in these courses and **inform the receiving institution in advance in case I cannot attend for any reason** |

**SENDING UNIVERSITY – DEPARTMENTAL COORDINATOR SIGNATURE**

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| I confirm that this proposed learning agreement/study plan is approved. |

**RECEIVING UNIVERSITY – COORDINATOR RESPONSIBLE FOR TRANSNATIONAL ONLINE LEARNING**

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| I confirm that this proposed learning agreement/study plan is approved. |