



Stiftung für eidgenössische Zusammenarbeit
Fondation pour la collaboration confédérale
Fondazione per la collaborazione confederale
Fundaziun per la colavuraziun federala



Passer les frontières
Faire des expériences
Acquérir du savoir



UNIL | Université de Lausanne

Swiss-European Mobility Programme (SEMP) - LEARNING AGREEMENT

ECTS – EUROPEAN CREDIT TRANSFER SYSTEM

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

STUDENT (name/surname):	XXXXXXXXXX	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:
Mrs Antoinette Charon Wauters - International Relations office - Le 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 :
 À _____

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 : _____