

During the Mobility

Student	Last name(s)	First name(s)	Date of birth	Nationality ¹	Sex [M/F]	Study cycle ²	Field of education ³
Sending Institution	Name	Faculty/Department	Erasmus code ⁴ (if applicable)	Address	Country	Contact person name ⁵ ; email; phone	
Receiving Institution	Name	Faculty/ Department	Erasmus code (if applicable)	Address	Country	Contact person name; email; phone	
	Universidad de Extremadura		E BADAJOZ01	Avd. Universidad s/n-10003- Cáceres	Spain	International office: Ms. Beatriz Hurtado and Mr. David Plasencia (admin. officers) erasmusincoming@unex.es Tel. 034 927257016 List of Academic Coordinators per centre	

Exceptional changes to Table A

(to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Institution)

Table A2 During the mobility	Component code (if any)	Component title at the Receiving Institution (as indicated in the course catalogue)	Deleted component [tick if applicable]	Added component [tick if applicable]	Reason for change ¹²	Number of ECTS credits (or equivalent)
			<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.	
			<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.	
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

Exceptional changes to Table B (if applicable)

(to be approved by e-mail or signature by the student and the responsible person in the Sending Institution)

Table B2 During the mobility	Component code (if any)	Component title at the Sending Institution (as indicated in the course catalogue)	Deleted component [tick if applicable]	Added component [tick if applicable]	Number of ECTS credits (or equivalent)
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Commitment

By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and Receiving Institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the Inter-Institutional Agreement for institutions located in Partner Countries). The Sending Institution and the student should also commit to what is set out in the Erasmus+ grant agreement. The Receiving Institution confirms that the educational components listed in Table A are in line with its course catalogue and should be available to the student. The Sending Institution commits to recognise all the credits gained at the Receiving Institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties. The student and the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period.

Commitment	Name	Email	Position	Date	Signature
Student			Student		
Responsible person ¹⁰ at the Sending Institution			Academic Coordinator		
Responsible person at the Receiving Institution ¹¹			Academic Coordinator		