



Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

OUTBOUND STUDENT

International Exchange Learning Agreement

Please submit this form to your Departmental Coordinator(s), NOT the Academic Registry.

A copy should be kept by you and your Departmental Coordinator(s).

NOTE: This Learning Agreement must be completed by all outgoing College-Wide Exchange Students and returned to their TCD Departmental Coordinator(s) by email within three weeks of beginning the study term in their host institution. It is essential that TJH students send a copy of the Learning Agreement to the coordinators of both departments to ensure both departments approve of the selected modules.

If Departmental Coordinators are unhappy with the selected modules/workload they must contact the student to discuss what changes are required in order to satisfy the student's degree course requirement, and these changes must be reflected on the Learning Agreement.

If students wish to add or delete any modules during their exchange then they must complete the CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME ABROAD part of the Learning Agreement.



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First Name: Surname: TCD Email: TCD Student Number:

Exchange Duration: Host University: Destination Country:

Year of Exchange: TCD Degree Course Name: Degree Pathway:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

Subject 1 Modules for TCD Dept/School:			
Module Code	Name of Module/Course	ECTS Credits	Host University Credits
Subject 2 Modules for TCD Dept/School:			

STUDENT/

Date: Signature:

RECEIVING INSTITUTION/ We confirm that the proposed programme of study is approved.

Date: Signature:

SENDING INSTITUTION/ We confirm that the proposed programme of study is approved.

Date: TCD Dept/School 1 Coordinator's signature:

Date: TCD Dept/School 2 Coordinator's signature:



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First Name: Surname: TCD Email: TCD Student Number:

Exchange Duration: Host University: Destination Country:

Year of Exchange: TCD Degree Course Name: Degree Pathway:

CHANGES TO THE ORIGINALLY PROPOSED STUDY PROGRAMME ABROAD

Subject 1 Modules for TCD Dept/School:					
Module Code	Name of Module/Course	Deleted Module	Added Module	ECTS Credits	Host University Credits
Subject 2 Modules for TCD Dept/School:					

STUDENT/

Date: Signature:

RECEIVING INSTITUTION/ We confirm that the proposed programme of study is approved.

Date: Signature:

SENDING INSTITUTION/ We confirm that the proposed programme of study is approved.

Date: TCD Dept/School 1 Coordinator's signature:

Date: TCD Dept/School 2 Coordinator's signature: