**APPLICATIONS AND ADMISSIONS, ACADEMIC REGISTRY**



<><><><><><><><><><><><><><><><> **LEARNING AGREEMENT** <><><><><><><><><><><><><><><><>

<><><><><><><><><><><><><><><> **Non-EU College-Wide Exchange** <><><><><><><><><><><><><><><>

Student Name ………………………………………………………….

Email ……………………………………………..............................

TCD Student Number ……………………………..............

Contact Telephone Number: ……………………………..

TCD Degree Course ……………………………………………….…………………………………………………………..

Name of Host Institution ………………………………………………………………………………………………….. Sending Institution: UNIVERSITY OF DUBLIN, TRINITY COLLEGE Country: IRELAND

# DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

**SUBJECTS FOR ……………………………………………………………. DEPARTMENT/SCHOOL (Dept/School 1)**

For (please tick): Academic Year Semester 1 Semester 2

**Module Code**

**Name of Module/Course**

**ECTS Credits**

**Host University Credits**

**SUBJECTS FOR ……………………………………………………………. DEPARTMENT/SCHOOL (Dept/School 2)**

For (please tick): Academic Year Semester 1 Semester 2

If necessary, continue this list on a separate sheet.

**STUDENT’S SIGNATURE**

…………………………………………………………………….

Date …………………………………………………………….

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

**Dept/School 1: Coordinator’s signature Dept/School 2: Coordinator’s signature**

……………………………………………………………………. ….………………………..………………………………………. Date: ………………………………………………………… Date: …………………………………………………………..

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

**TCD Dept/School 1: Coordinator’s signature TCD Dept/School 2: Coordinator’s signature**

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# 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 Co-ordinator(s)*** *by email or post within three weeks of beginning the study term in their host institution. It is essential that TSM students send a copy of the Learning Agreement to the co-ordinators of* ***both*** *departments to ensure both departments give approval of the selected modules. If Departmental Co-ordinators 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.*

***CHANGES* TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**

**(to be filled in ONLY if appropriate)**

Student Name ………………………………………………………….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SUBJECTS FOR ……………………………………………………………. DEPARTMENT/SCHOOL (Dept/School 1)** | | | | | |
| **Module Code** | **Name of Module/Course** | **Deleted Module** | **Added Module** | **ECTS Credits** | **Host University Credits** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **SUBJECTS FOR ……………………………………………………………. DEPARTMENT/SCHOOL (Dept/School 2)** | | | | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |

If necessary, continue this list on a separate sheet.

**STUDENT’S SIGNATURE**

…………………………………………………………………….

Date …………………………………………………………….

**RECEIVING INSTITUTION**

*We confirm that the proposed* ***changes*** *to the initially agreed programme of study are approved.*

**Dept/School 1: Coordinator’s signature Dept/School 2: Coordinator’s signature**

……………………………………………………………………. ….………………………..………………………………………. Date: ………………………………………………………… Date: …………………………………………………………..

**SENDING INSTITUTION**

*We confirm that the proposed* ***changes*** *to the initially agreed programme of study are approved.*

**TCD Dept/School 1: Coordinator’s signature TCD Dept/School 2: Coordinator’s signature**

….………………………..……………………………………….. ……………………………………………………………………… Date: ………………………………………………………….. Date: ………………………………………….....................