 **Recognition Outcomes After the Mobility**

|  |  |
| --- | --- |
| ***Academic Outcomes at Receiving Institution*****Start and end dates of the study period: from [day/month/year] ……………. to [day/month/year] …………….** | ***Recognition Outcomes at Sending Institution*****Start and end dates of the study period: from [day/month/year] ……………. to [day/month/year] …………….** |
| **Table C After the mobility** | **Component code**(if any) | **Component title** (as indicated in the course catalogue) **at the receiving institution** | **Was the component successfully completed by the student?**[Yes/No] | **Number of ECTS****credits**(or equivalent) | **Receiving Institution Grade** | **Table D After the mobility** | **Component code**(if any) | **Title of recognised component** (as indicated in the course catalogue) **at the sending institution** | **Number of ECTS****credits** | **Sending Institution Grade**(if applicable) |
| 1 |  |  |  |  |  | 1 |  |  |  |  |
| 2 |  |  |  |  |  | 2 |  |  |  |  |
| 3 |  |  |  |  |  | 3 |  |  |  |  |
| 4 |  |  |  |  |  | 4 |  |  |  |  |
| 5 |  |  |  |  |  | 5 |  |  |  |  |
| 6 |  |  |  |  |  | 6 |  |  |  |  |
| 7 |  |  |  |  |  | 7 |  |  |  |  |
| 8 |  |  |  |  |  | 8 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Commitment** | **Name** | **Function** | **Signature and Date** |
| **Student** |  | ***Student*** |  |
| **Responsible person at the Sending Institution****(IAU)** |  | ***Erasmus+ Departmental Coordinator*** |  |
| **Responsible person at the Sending Institution****(IAU)** |  | ***Erasmus+ Institutional Coordinator*** |  |
| **Responsible person at the Receiving Institution** |  |  |  |

Higher Education: Learning Agreement form

***Student’s name Academic Year 20…/20…..***