**LEARNING AGREEMENT FOR STUDIES**

**Spring 2024-2025** (01-02-2025 – 30-06-2025)

**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date of birth |  | Nationality |  |
| Sex |  | Academic year | 2024 / 2025 |
| Study cycle |  | Subject area,  Code |  |
| Phone |  | E-mail |  |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Faculty |  |
| Erasmus code  (if applicable) |  | Department |  |
| Address |  | Country, Country code |  |
| Contact person  name |  | Contact person e-mail / phone |  |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Windesheim  University of Applied  Sciences | Faculty | Engineering & ICT |
| Erasmus code  (if applicable) | NL ZWOLLE 05 | Department | Information  Technology |
| Address | Campus 2 | Country, Country code | The Netherlands |
| Contact person name | Mr. Wim Rietberg | Contact person e-mail / phone | [wjar.rietberg@windesheim.nl](mailto:wjar.rietberg@windesheim.nl)  +31-(0)88 469 6379 |

#### **Section to be completed BEFORE THE MOBILITY**

**I. PROPOSED MOBILITY PROGRAMME Spring 2024-2025**

Student name:

**MODULE NAME: Mobile Solutions**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **tick if applicable** | **Component code** (if any) | **Component title** (as indicated in the course catalogue) at the receiving institution | **Block** | **Number of ECTS credits** (to be awarded by the receiving institution upon successful completion) | **Obligatory** Yes/No |
|  | ICT.KS.MS.V20 | Mobile Solutions | 3 + 4 | 24 | Yes |
|  | ICT.KS.INT | International Course | 3 + 4 | 1 | No |
| ***Cross-departmental Modules (Electives):***  ***Only one module in the same time slot can be chosen, see*** [***www.windesheim.nl***](http://www.windesheim.nl) ***for overlap details. Please note! You can choose a maximum of two modules in total.\*\**** | | | | | |
| \* | LVOINT.LAN.X23 | Dutch Language | 3 + 4 | 5 | No |
| \*  \*  \* | EDIOEBCO.01  ICTIOEPL.01  BMR.CEC1.01 | Behavioural Change in Organisations  Personal Leadership (7 habits)  Cambridge English C1 | 3 + 4  3 + 4  3 + 4 | 5  5  5 | No  No  No |
| \*  \*  \* | HCSW.CDC.DS.V24  WFENG.IRUD.01  LVO.INT.DRA.XX.23 | Dutch Society  Innovation Research Competences for Urban Development\*\*\*  Drama & Improvisation\* | 3 + 4  3 + 4  3 + 4 | 5  5  5 | No  No  No |
| \*  \* | BMR.IA.01  BMR.EM.01 | Intercultural Awareness  Economic Mindsets | 3 + 4  3 + 4 | 5  5 | No  No |
| \* | BMR.CEB2.01 | Cambridge English B2 | 3 + 4 | 5 | No |
| \* | HCSW.CDC.YML.V24 | Youth & Media Literacy | 3 + 4 | 5 | No |
|  |  | **TOTAL ECTS:** |  |  |  |
| |  | | --- | | *\*Drama & Improvisation : this class will only take place if there are at least 8 participating students*  *\*\** *In case demand surpasses availability, you may be required to modify your module selections during the 'add and drop weeks' at*  *the start of the semester.*  *\*\*\* Because of a possible overlap with Economic Mindsets and Intercultural Awareness, you cannot combine this module with any of the two aforementioned modules.* |   **Web link to the course catalogue at the receiving institution describing the learning outcomes:**   |  | | --- | | *https://www.windesheim.com/study-programmes/exchange-programmes/* | | | | | | |

**II. COMMITMENT OF THE THREE PARTIES**

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed 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 student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period.

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| **The student**  Student’s name:  Student’s signature: Date: |

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| **The sending institution**  Responsible person (name):  Responsible person’s signature: Date:  Stamp: |

|  |
| --- |
| **The receiving institution** (Windesheim University of Applied Sciences)  Responsible person: Wim Rietberg  Responsible person’s signature: Date:  Stamp: |