**LEARNING AGREEMENT FOR STUDIES**

**Autumn 2023-2024** (01-09-2023 – 31-01-2024)

**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date of birth |  | Nationality |  |
| Sex |  | Academic year | **2023-2024** |
| 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 UAS | Faculty | Engineering & ICT |
| Erasmus code  (if applicable) | NL ZWOLLE 05 | Department | Engineering & Design |
| Address | Campus 2-6 | Country, Country code | The Netherlands |
| Contact person name | Paul Touw | Contact person e-mail / phone | p.touw@windesheim.nl |

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

**I. PROPOSED MOBILITY PROGRAMME Autumn 2023-2024**

Student name:

**MODULE NAME: Minor Operational Management in Industry**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |
|  | EDPOMI.21 | Project Operational Management in Industry | 1 and 2 | 10 | Yes |
|  | EDSIM.21 | Simulation | 1 and 2 | 5 | No |
|  | EDAPS.21 | Advanced Planning & Scheduling | 1 and 2 | 5 | No |
|  | EDOS.21 | Operations Strategy | 1 and 2 | 5 | No |
|  | EDCE.21 | Circulair Economy | 1 and 2 | 5 | No |
| *Cross-departmental Modules (Electives):* | | | | | |
|  | EN-IN-DLID | Dutch Language 1: Introduction | 1 | 3 | No |
|  | EN-IN-DLIM | Dutch Language 2: Intermediatee | 2 | 3 | No |
|  | EN-IN-DSID | Dutch Society 1 | 1 | 3 | No |
|  | EN-IN-DSIM | Dutch Society 2 | 2 | 3 | No |
|  | BE-IOE.IA | Intercultural Awareness | 1 | 3 | No |
|  | EN-IN-DRIM | Drama & Improvisationf | 2 | 3 | No |
|  |  | **TOTAL ECTS:** |  |  |  |
| **Web link to the course catalogue at the receiving institution describing the learning outcomes:**   |  | | --- | | *https://www.windesheim.com/study-programmes/exchange-programmes/* |   e Dutch Language 2: Prerequisite for taking this course: Dutch Language 1.Class will only take place if there are at least 8 participating students, (a maximum of 30 students)  f Drama & Improvisation : this class will only take place if there are at least 8 participating students  *Note 1.* Even if we do our very best to schedule all modules independantly of each other, it may occur that modules overlap in terms of timetable, obligatory modules excluded.  *Note 2.* Please note that you may only submit one learning agreement per semester! In other words:  modules offered by different departments cannot be combined to constitute a single study programme.  *Note 3.* Students need to choose a package of 30 ECTS per semester, unless our partner university approves with having less than 30 ECTS (a minimum of 25 ECTS is still required). | | | | | |

**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: |

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