UiT The Arctic University of Norway

LEARNING AGREEMENT
Outgoing student exchange for studies
Non-Erasmus programme

PART 1: STUDENT INFORMATION

PERSONAL INFORMATION	
FIRST GIVEN NAME **[exactly as written in your passport]**	
MIDDLE NAME (IF ANY) **[exactly as written in your passport]**	
LAST FAMILY NAME **[exactly as written in your passport]**	
CITIZENSHIP	
DATE OF BIRTH [Use the format: DD.MM.YYYY]	
EMAIL ADDRESS **[Please use UiT Email: abcd1234@uit.no]**	
MOBILE NUMBER **[Include country code, e.g., +47]**	
EDUCATION	
PROGRAMME OF STUDY	
SUBJECT FIELD **[Bachelor/Master]**	
STUDY LEVEL	
CAMPUS	
NAME OF HOME / SENDING INSTITUTION	**UiT The Arctic University of Norway**
STUDENT HOME ADDRESS	
STREET NAME	
STREET / HOUSE NUMBER	
CITY / TOWN POSTAL OR ZIP CODE	
CITY / TOWN NAME	
COUNTRY	

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PART 2: EXCHANGE TYPE, DURATION AND CAMPUS

EXCHANGE TYPE	
PHYSICAL EXCHANGE	☐
BLENDED EXCHANGE (PHYSICAL + ONLINE)	☐
DURATION OF EXCHANGE	
FROM	
TO	

PART 3: LIST OF REQUIRED COURSES (BEFORE EXCHANGE)

The student must list all the course components/modules the student wants to take at the Host/Receiving Institution in the following table:

COURSE CODE	COURSE TITLE	NUMBER OF ECTS	SEMESTER [e.g., autumn, spring, etc.]

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PART 4: RECOGNITION OF COURSES AT UiT THE ARCTIC UNIVERSITY OF NORWAY

This section must list all course components that have been approved or replaced by the course/exchange coordinator at UiT The Arctic University of Norway.

COURSE CODE	COURSE TITLE	NUMBER OF ECTS	SEMESTER [e.g., autumn, spring, etc.]

PART 5: COMMENTS (IF ANY)

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PART 6 - SIGNATURES AND COMMITMENT

By signing this document, the student, the Responsible Person at the Sending Institution, and the Responsible Person at UiT The Arctic University of Norway confirm that they approve this Learning Agreement, and they comply with all arrangements agreed by all parties. The Student and Responsible Person at the Host Institution will communicate to the UiT The Arctic University of Norway (mobility@uit.no) any problem or changes regarding the exchange period nor the study plan.

THE PARTIES	NAME	DATE	SIGNATURE
THE STUDENT			
REPONSIBLE PERSON AT UiT			
REPONSIBLE PERSON AT THE HOST INSTITUTION			