**STUDY ABROAD COURSE PLAN**

***(Learning Agreement)***

**ACADEMIC YEAR** **/**

***Semester*:**

|  |  |  |  |
| --- | --- | --- | --- |
| *Name of student:*  |  | *Host institution:* |  |
| *Home institution:* | **Prague University of Economics and Business** | *Address:* |  |
| *Faculty of* |  | *Country:* |  |
| *Country:* | **Czech Republic** | *Contact:* | **např. web / email / telefon** |

**LIST OF COURSES TO BE STUDIED ABROAD**

|  |  |  |
| --- | --- | --- |
| *Course ID**(if any)* | *Course name* | *Number of* |
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|  |  |  |
|  |  |  |
| *Total* | *Number of courses*:       | *Credits*:       |

*If necessary, please continue list of courses on a separate sheet. VSE recommended semester workload is 20-30 ECTS*

|  |
| --- |
| ***The Student undertakes that for the length of the study period abroad s/he will arrange insurance for medical expenses valid for the country of destination.*** |
| *Student’s signature:* ................................................... | *Date:*  |

|  |  |
| --- | --- |
| **HOME INSTITUTION** | **HOST INSTITUTION** |
| ***We approve this proposed study programme abroad.*** ***Please note that this student’s stay at host institution is NOT under the framework of any bilateral agreement between home and host institution, i.e. the student’s status would be “freemover” or similar, according to the rules of host institution.*** | ***We approve this proposed programme of study.******We consider that this student’s stay at our institution is NOT under the framework of any bilateral agreement between home and host institution, i.e. the student’s status would be “freemover” or similar, according to the rules ofour institution.*** |
|  |  |
| **Vice-Dean** | **Responsible Person** |
| *Signature*: ........................................................................ | *Name:* ......................................................................................... |
| *Date*: ............................................................................... | *Position:* ...................................................................................... |
| *Signature:*................................... | *Stamp:* |
|  | *Date:* ........................................................................................... |