

## LEARNING AGREEMENT – OUTGOING

**NB: THIS FORM NEEDS TO BE COMPLETED AND SIGNED BY THE STUDENT AND PROGRAM COORDINATOR PRIOR TO APPLYING TO THE HOST INSTITUTION, AND SUBMITTED TO HUMBER'S OFFICE OF THE REGISTRAR AND THE INTERNATIONAL CENTRE AT LEAST THREE WEEKS PRIOR TO THE STUDENT'S DEPARTURE.**

**THE STUDENT MUST ARRANGE TO HAVE AN OFFICIAL TRANSCRIPT SENT DIRECTLY FROM THE HOST INSTITUTION TO THE RECORDS DEPARTMENT OF HUMBER'S OFFICE OF THE REGISTRAR UPON COMPLETION OF THEIR SEMESTER ABROAD. A GRADE OF ZERO AND/OR F WILL BE ASSIGNED IF THIS OFFICIAL TRANSCRIPT IS NOT RECEIVED BY THE REGISTRAR'S OFFICE WITHIN 90 DAYS OF THE COURSE COMPLETION.**

**ACADEMIC YEAR/SEMESTER :** \_\_\_\_\_ **DEGREE PROGRAM:** \_\_\_\_\_

|                               |                |
|-------------------------------|----------------|
| Name of student:              | Date of birth: |
| Humber Student Number:        |                |
| Period of study (dates) From: | To:            |
| Sending institution:          | Country:       |

### DETAILS OF THE PROPOSED STUDY PROGRAM ABROAD / LEARNING AGREEMENT

|                        |
|------------------------|
| Receiving institution: |
|------------------------|

| Course Rank | Course unit Code | Course unit title (as indicated in the course list) | Semester | Number of credits | Humber Equivalent |
|-------------|------------------|---|----------|-------------------|-------------------|
| 1           |                  |   |          |                   |                   |
| 2           |                  |   |          |                   |                   |
| 3           |                  |   |          |                   |                   |
| 4           |                  |   |          |                   |                   |
| 5           |                  |   |          |                   |                   |
| 6*          |                  |   |          |                   |                   |
| 7*          |                  |   |          |                   |                   |

|                     |      |
|---------------------|------|
| Student's signature | Date |
|---------------------|------|

#### SENDING INSTITUTION

We confirm that this proposed program of study / learning agreement is approved.

|                                     |      |
|-------------------------------------|------|
| Academic Advisor's signature (Home) | Date |
|-------------------------------------|------|

#### RECEIVING INSTITUTION

We confirm that this proposed program of study / learning agreement is approved.

|                                     |      |
|-------------------------------------|------|
| Academic Advisor's signature (Host) | Date |
|-------------------------------------|------|

#### FOR OFFICE USE ONLY

***Semester Abroad***

Student enrolled in IBS 398     Academic transcript received from Host Institution

***Summer Program***

Transfer Credit Application form & fees received     Academic transcript received from Host Institution

To be filled in ONLY if appropriate:

## CHANGES TO ORIGINAL PROPOSED STUDY PROGRAM/LEARNING AGREEMENT

**NB: IN THE EVENT THAT THE AGREED UPON COURSE SELECTION NEEDS TO BE ADJUSTED DUE TO CONFLICTS IN SCHEDULE OR COURSES NOT BEING OFFERED THEN THIS FORM NEEDS TO BE COMPLETED AND SIGNED BY THE STUDENT AND PROGRAM COORDINATOR, AND SUBMITTED TO HUMBER'S OFFICE OF THE REGISTRAR.**

|  |                |
|--|----------------|
| Name of student:<br>Humber Student Number: | Date of birth: |
|--|----------------|

| Course unit code | Course unit title (as indicated in the course list) | Deleted course unit | Added course unit | Number of credits | Humber Course Equivalent |
|------------------|---|---------------------|-------------------|-------------------|--------------------------|
|                  |   |                     |                   |                   |                          |
|                  |   |                     |                   |                   |                          |
|                  |   |                     |                   |                   |                          |
|                  |   |                     |                   |                   |                          |
|                  |   |                     |                   |                   |                          |
|                  |   |                     |                   |                   |                          |
|                  |   |                     |                   |                   |                          |
|                  |   |                     |                   |                   |                          |
|                  |   |                     |                   |                   |                          |

If necessary, continue this list on separate sheet

|                     |      |
|---------------------|------|
| Student's signature | Date |
|---------------------|------|

### SENDING INSTITUTION

We hereby confirm that the above-listed **changes** to the initially agreed program of study / learning agreement are approved.

|                                     |      |
|-------------------------------------|------|
| Academic Advisor's signature (Home) | Date |
|-------------------------------------|------|

### RECEIVING INSTITUTION

We hereby confirm that the above-listed **changes** to the initially agreed program of study / learning agreement are approved.

|                                     |      |
|-------------------------------------|------|
| Academic Advisor's signature (Host) | Date |
|-------------------------------------|------|