**LEARNING AGREEMENT**

**for Zvolte položku.**

**Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date and place of birth |  | Nationality |  |
| Sex [*M/F*] |  | Academic year |  |
| Study cycle |  | Subject area |  |
| Completed type of study |  | Type of current study |  |
| Permanent address |  | E-mail |  |

**Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **University of Hradec Králové** | Faculty | **Faculty of Science** |
| Department (if applicable) |  | Section (if applicable) |  |
| Address | Rokitanského 62, 500 03 Hradec Králové | Country | The Czech Republic |
| Contact person  Name | Mgr. Pavla Holubová | Contact person  e-mail / phone | pavla.holubova@uhk.cz  +420 493332817 |

**Host Institution**

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

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

**I. PROPOSED MOBILITY PROGRAMME**

Planned period of the mobility: from **(dd/mm/yy)**  to **(dd/mm/yy)**

|  |  |
| --- | --- |
| **Component title**  **(Study activities / subject)**  **(Traineeship activities)** | **Component content (short description)** |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |

**For realisation of proposed study / traineeship programme student can receive financial support by financial agreement which to attached to this learning agreement.**

**II. RESPONSIBLE PERSONS**

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| --- |
| **Responsible person in the sending institution:**  Name: doc. PharmDr. Kamil Musílek, Ph.D. Function: Vice dean  Phone number: +420 493332780 E-mail: kamil.musilek@uhk.cz |

|  |
| --- |
| **Responsible person in the host institution:**  Name: Function:  Phone number: E-mail: |

**III. COMMITMENT OF THE THREE PARTIES**

By signing this document, the student, the sending institution and the host institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties.

The host institution confirms realisation of studies / traineeship programmes listed in part I. The sending institution commits to recognise all studies / traineeship activities at the host institution for the successfully completed mobility components and to recognize them towards the student's degree.

The student and the host institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or mobility period.

|  |
| --- |
| **Student**  Student’s signature Date: |

|  |
| --- |
| **Sending institution**  Responsible person’s signature Date: |

|  |
| --- |
| **H host institution**  Responsible person’s signature Date: |

**Section to be completed AFTER THE MOBILITY**

#### **RECOGNITION OUTCOMES**

#### **I. MINIMUM INFORMATION TO INCLUDE IN THE RECEIVING INSTITUTION'S TRANSCRIPT OF RECORDS**

|  |
| --- |
| Start and end dates of the mobility period: |

Academic outcomes at host institution:

|  |
| --- |
| *[Signature of responsible person in host institution and date]* |