



Academic Year: 20___/20___

Student	Last name(s)	First name(s)	Date of birth	Nationality	Gender (M/F)	Field of study
Sending institution	Name	School/Department	Erasmus code	Address	Country	Contact person email, phone
	Nova SBE, Universidade Nova de Lisboa	School of Business and Economics	PLisboa03	Campus de Carcavelos, 2775-405, Carcavelos	Portugal PT	Inês Morais outgoing.masters@novasbe.pt +351 213 822 794
Receiving institution	Name	School/Department	Erasmus code	Address	Country	Contact person email, phone

Before the Mobility

Study program at receiving institution

period of mobility: from (month/year) _____ to (month/year) _____

TABLE A before the mobility	Course title at the receiving institution	Course I.D.	Semester (e.g. Autumn/Spring)	Nº ECTS
				total ECTS:

(If necessary, continue on a separate sheet of paper and attach)

Is the student declaring an Area of Expertise at Nova SBE? (<i>optional</i>)	yes___ no___
If yes, what is the name of the Area of Expertise?	
If you wish to apply any of the courses in TABLE A to your Area of Expertise (<i>optional</i>), list them below.	
Course title	Nº ECTS

 Authorized by Nova SBE
 Academic Director
before the mobility

Recognition at sending institution (Nova SBE)

TABLE B before the mobility	Recognition of courses	Recognition of credits
	Waivers are not granted for courses abroad that are MANDATORY in the Nova SBE study program. All ELECTIVE courses successfully completed at the receiving institution will be accepted at Nova SBE.	All ECTS earned at the receiving institution will be accepted at Nova SBE.

Student's language skills – before the mobility							
The language of instruction in my proposed study program is <i>(enter to the right)</i> .							
I have this skill at present in the language of instruction or I agree to acquire it prior to my mobility <i>(indicate at the right)</i> .	A1	A2	B1	B2	C1	C2	native speaker

Commitment					
<p>By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the 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 Sending Institution and the student should also commit to what is set out in the Erasmus+ grant agreement. The Receiving Institution confirms that the educational components listed in Table A are in line with its course catalogue and should be available to the student. The Sending Institution commits to recognise all the credits gained at the Receiving Institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties. The student and the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period.</p>					
Commitment	Name	Email	Position	Date	signature
Student			Student		
Responsible person at the sending institution	International Mobility Team	outgoing.masters@novasbe.pt	Outgoing Masters Officer		
Responsible person at the receiving institution					

During the Mobility

Exceptional changes to the study program indicated in TABLE A					
Changes to TABLE A during the mobility	Course title at the receiving institution	Course I.D.	Nº ECTS	✓ DELETE this course	✓ ADD
Commitment – changes must be agreed to and authorized by all three parties, as above, before returning from mobility					
Commitment	Name	Email	Position	Date	Signature
Student			Student		
Responsible person at the sending institution	International Mobility Team	outgoing.masters@novasbe.pt	Outgoing Masters Officer		
Responsible person at the receiving institution					

After the Mobility

Transcript of Records at the Receiving Institution

Start date at receiving institution: _____ **End date** at receiving institution: _____

TABLE C after the mobility	Course title at the receiving institution	Course I.D.	Nº ECTS awarded	Was the course completed with success at the receiving institution? (yes / no)	Grade(s) for course(s)
	Total ECTS earned at receiving institution:				

Transcript of Records at Nova SBE

Start date of mobility: _____ **End date** of mobility: _____

TABLE D after the mobility	Course title recognized at Nova SBE	Course I.D. for	Nº ECTS recognized	Grade(s) course(s)
	Total ECTS recognized at Nova SBE:			