

 **Learning Agreement for *Gerlev Sports Academy***

1. **Details of the Student**

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| Name of the student: ………………..…MU ID (UČO):………………………. | Country: CZECH REPUBLIC |
| Home university: MASARYK UNIVERSITY | Academic Year: ………………..… |
| MU faculty and field of study at home university: |
| MU Departmental coordinator’s/ Responsible person name: Mgr. Tomáš Vespalec, Ph.D. |

1. **Details of the proposed Study programme abroad**

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| Host university/ institution: Gerlev Sports Academy (in English) | Country: Denmark (in English) |
| Study period at host university/ institution: from ………………..………………………..(dd.mm.yyyy) to ………………………………………… (dd.mm.yyyy) |

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| Course/ unit code  | Semester | Course/unit title (in English, as indicated on transcript of records) | Course language  | Number of credits | Host Credit system\* | *MU form of recognition\*\** | *MU recognized credits\*\*\** | *MU recognized course code\*\*\*\** |
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\*Indicate the credit system at host institution (ECTS or other). If other, please provide further details on a separate sheet of paper.

\*\* To be filled by the MU responsible person (from MU faculty). Indicate by entering the letter (A, B, C or D) the form of recognition at Masaryk University: Choose from “A” for compulsory course recognition as equivalent to MU course /*uznání jako povinný předmět způsobem předmět za předmět*, “B” for selective course recognition as equivalent to MU course/ *uznání jako povinně-volitelný předmět způsobem předmět za předmět*, or “D” for selective course recognition/ *uznání jako povinně-volitelný předmět* ostatním způsobem, or “C” for elective course recognition/ *uznání jako volitelný předmět ostatním způsobem*. If not decided yet enter/ *nerozhodnuto, vložte* „-“. If “A” or “B” is chosen, student may need to submit additional document for final course recognition.

\*\*\* To be filled by the MU responsible person (from MU faculty). Indicate the number of ECTS credits given to the course at Masaryk University.

\*\*\*\* To be filled by the MU responsible person (from MU faculty). Enter MU course code only for “A” and “B” form of recognition. For “C” and “D” enter “-“.

1. **Commitment of the three parties**

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| The student: ………………..…Student’s signature: ………………..… | Date: ………………..…………….. (dd.mm.yyyy)  |

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| Masaryk University (Home institution):We confirm that this proposed programme of study/learning agreement is approved and **we are aware of the indication of the form of recognition at MU and the number of credits to be recognized at MU.** |
| Departmental coordinator’s name/ Responsible person name:Tomáš Vespalec | Date: ………………..…………….. (dd.mm.yyyy) Signature: ………………..… |
| Coordinator’s name/ Responsible person‘s name:Andrea Kakulidu | Date: ………………..…………….. (dd.mm.yyyy) Signature: ………………..… |

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| Host university/institution: We confirm that this proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s name/ Responsible person name:Tania Dethlefsen | Date: ………………..…………….. (dd.mm.yyyy) Signature: ………………..… |
| Coordinator’s name/ Responsible person‘s name:Maj-Britt Suhr | Date: ………………..…………….. (dd.mm.yyyy) Signature: ………………..… |

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 **Changes to Learning Agreement for *Gerlev Sports Academy***

1. **Details of the Student**

|  |  |
| --- | --- |
| Name of the student: ………………..…MU ID (UČO):………………………. | Country: CZECH REPUBLIC |
| Home university: MASARYK UNIVERSITY | Academic Year: ………………..… |
| MU faculty and field of study at home university: |
| MU Departmental coordinator’s/ Responsible person name: Mgr. Tomáš Vespalec, Ph.D. |

1. **Details of the proposed Study programme abroad**

|  |  |
| --- | --- |
| Host university/ institution: Gerlev Sports Academy (in English) | Country: Dennmark (in English) |
| Study period at host university/ institution: from ………………..………………………..(dd.mm.yyyy) to ………………………………………… (dd.mm.yyyy) |

The FINAL list of courses student takes at the host university – student lists all courses (s)he is enrolled in

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| Course/ unit code  | Semester | Course/unit title (in English, as indicated on transcript of records) | Course language  | Number of credits | Host Credit system\* | *MU form of recognition\*\** | *MU recognized credits\*\*\** | *MU recognized course code\*\*\*\** |
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\*Indicate the credit system at host institution (ECTS or other). If other, please provide further details on a separate sheet of paper.

\*\* To be filled by the MU responsible person (from MU faculty). Indicate by entering the letter (A, B, C or D) the form of recognition at Masaryk University: Choose from “A” for compulsory course recognition as equivalent to MU course /*uznání jako povinný předmět způsobem předmět za předmět*, “B” for selective course recognition as equivalent to MU course/ *uznání jako povinně-volitelný předmět způsobem předmět za předmět*, or “D” for selective course recognition/ *uznání jako povinně-volitelný předmět* ostatním způsobem, or “C” for elective course recognition/ *uznání jako volitelný předmět ostatním způsobem.*If “A” or “B” is chosen, student may need to submit additional document for final course recognition.

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\*\*\*\* To be filled by the MU responsible person (from MU faculty). Enter MU course code only for “A” and “B” form of recognition. For “C” and “D” enter “-“.

1. **Commitment of the three parties**

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| The student: ………………..…Student’s signature: ………………..… | Date: ………………..…………….. (dd.mm.yyyy)  |

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| Masaryk University (Home institution):We confirm that this proposed programme of study/learning agreement is approved and **we are aware of the indication of the form of recognition at MU and the number of credits to be recognized at MU.** |
| Departmental coordinator’s name/ Responsible person name:Tomáš Vespalec | Date: ………………..…………….. (dd.mm.yyyy) Signature: ………………..… |
| Coordinator’s name/ Responsible person‘s name:Andrea Kakulidu | Date: ………………..…………….. (dd.mm.yyyy) Signature: ………………..… |

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| Host university/institution: We confirm that this proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s name/ Responsible person name:Tania Dethlefsen | Date: ………………..…………….. (dd.mm.yyyy) Signature: ………………..… |
| Coordinator’s name/ Responsible person‘s name:Maj-Britt Suhr | Date: ………………..…………….. (dd.mm.yyyy) Signature: ………………..… |