

I. DETAILS OF THE STUDENT

Name of the student:	Country: CZECH REPUBLIC
MU ID (UČO):.....	
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.	

II. DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

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)	

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****

* 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 "-".

III. COMMITMENT OF THE THREE PARTIES

The student:	Date: (dd.mm.yyyy)
Student's signature:	

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:

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:	Date: (dd.mm.yyyy)

Maj-Britt Suhr	Signature:
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CHANGES TO LEARNING AGREEMENT FOR GERLEV SPORTS ACADEMY

I. DETAILS OF THE STUDENT

Name of the student:	Country: CZECH REPUBLIC
MU ID (UČO):.....	
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MU faculty and field of study at home university:	
MU Departmental coordinator's/ Responsible person name: Mgr. Tomáš Vespalec, Ph.D.	

II. DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

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)	

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

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****

* Indicate the credit system at host institution (ECTS or other). If other, please provide further details on a separate sheet of paper.

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Coordinator's name/ Responsible person's name: Andrea Kakulidu	Date: (dd.mm.yyyy) Signature:

Host university/institution: We confirm that this proposed programme of study/learning agreement is approved.	
Departmental coordinator's name/ Responsible person name:	Date: (dd.mm.yyyy)

Tania Dethlefsen	Signature:
Coordinator's name/ Responsible person's name:	Date: (dd.mm.yyyy)
Maj-Britt Suhr	Signature: