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**Learning Agreement for Studies**

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| **Student** | **Last Name** | **First Name** | **Date of Birth** | **Nationality** | **Sex** | **Passport Number** | **Current Study Cycle** |
|  |  |  |  | Choose an item. |  | Choose an item. |
| **Sending Institution** | **Name** | **Faculty** | **Program** | **Address** | **Country** | **Contact person name; email; phone** | |
|  |  |  |  |  |  | |
| **Receiving Institution** | **Name** | **Faculty** | **Program** | **Address** | **Country** | **Contact person name; email; phone** | |
| The University of Georgia |  |  | M. Kostava Str. 77a, Tbilisi, 0171 | Georgia / GE | Nutsa Vepkhvadze; [n.vepkhvadze@ug.edu.ge](mailto:n.vepkhvadze@ug.edu.ge); +995557747097 | |

**Study Programme at the Receiving Institution**

*Course Catalogue can be found here:* [*https://ug.edu.ge/en/study-programs*](https://ug.edu.ge/en/study-programs)

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| **Subject Code** | **Subject Title**  (as indicated in the course catalogue) | **Number of ECTS credits**  to be awarded by the Receiving Institution upon successful completion |
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| **The Student Signature**  Name:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |

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| **The Sending Institution Signature** | |
| ***Department Coordinator***  Name:  Position:  E-mail:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: | ***Institutional Coordinator***  Name:  Position:  E-mail:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |

|  |  |
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| **The Receiving Institution Signature** | |
| ***Department Coordinator***  Name:  Position:  E-mail:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: | ***Institutional Coordinator***  Name: Nutsa Vepkhvadze  Position: International Relations Development Manager  E-mail: [n.vepkhvadze@ug.edu.ge](mailto:n.vepkhvadze@ug.edu.ge)  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |