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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; +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 VepkhvadzePosition: International Relations Development ManagerE-mail: n.vepkhvadze@ug.edu.ge Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: |