**LEARNING AGREEMENT**

**Semester Credit Hours (SCH) system**

**Year: 20\_\_/20\_\_**

☐ Fall semester ☐ Spring semester

**Family name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_**\_\_\_\_\_\_\_\_\_\_** **First name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sending institution:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_** **Country:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of High School Certificate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_**

**High School Certificate Percentage:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_**

*Details of the proposed study program at Ajman University*

|  |  |  |  |
| --- | --- | --- | --- |
| **Course**  **code** | **Course title**  **(in alphabetical order)** | **Core/Electives** | **№ of credits** |
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**Student´s signature**: **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SENDING/HOME INSTITUTION**

We confirm that this program of study/learning agreement is approved.

Institutional coordinator´s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Director of the Office of International Academic Affairs

at **AJMAN UNIVERSITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the registrar

at **AJMAN UNIVERSITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_