

LEARNING AGREEMENT- INCOMING STUDENT

Students must scan /submit this (signed) document to the Office of International Services

Name of Student: _____

LAU Student ID Number: _____ Nationality: _____

Student's E-mail Address: _____

Name of Home University: _____ Country of Home University: _____

Major: _____ Semester(s) to be spent at LAU: _____

Level of Mobility: _____ Campus: _____

Phone Number: _____ Date of Arrival: _____

DETAILS OF PROPOSED EXCHANGE/ STUDY ABROAD PROGRAM

	CRN	Subject	Course Number	Title	Number of Credits
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Full Name of Host University Coordinator: _____

SIGNATURE: _____ DATE: / /
Day Month Year

Full Name of Home University Coordinator: _____

SIGNATURE: _____ DATE: / /
Day Month Year

Name of the Student: _____

SIGNATURE: _____ DATE: / /
Day Month Year