

LEARNING AGREEMENT- INCOMING STUDENT

Students must scan /submit this (signed) document to the International Services and Programs Office.

Name of Student:							
LAU Student ID Number:				Nationality:	Nationality:		
Student's E-mail Address:							
Name of Home University:				Country of Home University:	Country of Home University:		
Major:				Semester(s) to be spent at LAU:	Semester(s) to be spent at LAU:		
Level of Mobility:				Campus:	Campus:		
Phone Number:				Date of Arrival:	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: Day Month Year							
Full Name of Home University Coordinator:							
SIG	SIGNATURE: DATE: / /						
Name of the Student:							
SIG	SIGNATURE: DATE: / /						
	Day Month Year						