**Application form & Learning agreement for student exchange**
Promotion of healthy ageing, welfare and social security EEA-GRANT-205

**To be completed by the student** *(Fill in by computer, please).*

1. Please submit the completed application to your contact person in home institution.

|  |  |
| --- | --- |
| Student’s name, surname |       |
| Personal identity number |       |
| Address |       |
| E-mail address |       |
| Age  |       |
| Home institution  |       |
| Host institution |       |
| Academic year |       |
| Exchange period  | from dd/mm/yyyy/ to dd/mm/yyyy |
| Field of study  |       |
| Number of completed study years prior exchange |       |
| Type of exchange  | Study exchange □ | Practical placement □ |
| **Student’s signature**........................................................................................... Date: ............................................................ |
| **SENDING INSTITUTION**We confirm that the proposed programme of study / learning agreement is approved. |
| Departmental coordinator.............................................................................Signature: | Date: ................................................................... |
| **RECEIVING INSTITUTION**We confirm that this proposed learning agreement is approved. |
| Departmental coordinator..............................................................................Signature: | Date: ................................................................... |

After your exchange is approved: please fill in the grant form and attach this learning agreement with it.

Please send documents to the coordinator of your home university and Ivars Baltus ivars.baltus@rsu.lv

After your exchange period is over, please send a final report/feedback to your home university coordinator.