**OFFICE OF INTERNATIONAL AFFAIRS**

Date:

**SEMESTER EXCHANGE PROGRAM LEARNING AGREEMENT**

CREDIT TRANSFER & Accumulation SYSTEM

…………………… SEMESTER (………… 202..- ……………202..)

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| **Information About Partner Universities** | | |
|  | Home University Information | Host University Information |
| University Name |  | Hindustan Institute of Technology & Science, Chennai, India |
| University Coordinator |  | Dr. David Easow |
| Student Mobility Coordinator |  | Dr. Nageshwar Rao Kudithi |
| Mobile |  | +91 75501 05130 |
| Email |  | internationalaffairs@hindustanuniv.ac.in |

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| **Information about the Students Mobility Program** | | | | | |
| Student Name (As mentioned in passport) | Passport No | Department at Home University | Department at HITS | Email ID | Exchange Period |
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| **Learning Agreement Credit Transfer and Accumulation System** | | | | | | | |
|  | | | | Hindustan Institute of Technology & Science | | | |
| S. No. | Code | Course | Credit | S. No | Code | Course | Credit |
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| **Total Credit** | | |  | **Total Credit** | | |  |

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| I agree to the above Learning Agreement for undergoing the Semester Exchange Program. If there are any changes to the course, a revised agreement will be prepared & approved. | | | | | |
| Student Name |  | | Signature with Date | |  |
| We hereby confirm that the above Learning Agreement is approved | | | | | |
| Home University | | | | Host University | |
| Head of the Department Name | | Head of the Department Signature with Date & Seal | | Head of the Department Name | Head of the Department Signature with Date & Seal |
|  | |  | |  |  |
| Head of International Affairs Name | | Head of International Affairs Signature with Date & Seal | | Inbound coordinator of International Affairs Name. | Inbound coordinator of International Affairs Signature with Date & Seal |
|  | |  | | Dr.K.Nageswara Rao |  |