**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.