



# UNIVERSITI KUALA LUMPUR

## ISEM PROGRAMME LEARNING AGREEMENT FORM

<b>Student</b>	Last Name	First Name
	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Master	Passport No
	Study programme at UniKL: ..... Institute: ..... <b>Universiti Kuala Lumpur, Malaysia</b>	
<b>Host University</b>	Name	Country

### Exchange Mobility Study Programme and Equivalent

Host University		Home University (UniKL)		
Name of Course/ Subject	Credits	Course Code	Name of Course/ Subject	Credits

<b>Applicant</b>	
..... Signature	..... Date

### Declaration on Completion Status

Total credits to graduate:	_____
Total credit transfer:	_____
Credits gained before mobility:	_____
Credits to be gained during mobility:	_____
Balance of credits after mobility:	_____

This is to verify that by only taking the subjects listed above, the student will be able to graduate on time upon returning from mobility, subject to passing all the subjects during mobility and the subsequent semester(s) at UniKL.

**Academic Advisor/ Program Coordinator:**

..... Name and Position (Stamp)	..... Signature & Date
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### Signatures

<p><b>Home University (Please refer to Appendix 1)</b> I confirm that the Learning Agreement is approved and successful activity will be recognised at the Home University.</p> <p><b>Head of Section/ Deputy Dean (A&amp;T):</b> ..... Signature ..... Name and position (Stamp) Date</p>	<p><b>Host University</b> I confirm that the Learning Agreement is approved.</p> <p>..... Signature ..... Name and position (Stamp) Date</p>
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## CHANGES TO ORIGINAL LEARNING AGREEMENT

(to be filled in ONLY if applicable)

Name of Student: .....	
Study programme at UniKL: .....	Institute: .....
Host University: .....	Country: .....

Host University		Home University			Deleted Course	Added Course
Name of Course/ Subject	Credits	Course Code	Name of Course/ Subject	Credits		
					<input type="checkbox"/>	<input type="checkbox"/>
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					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Student's signature.....	Date: ...../...../20...
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**SENDING INSTITUTION**

*We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.*

Head of Section's (Program) signature & name

UIO Coordinator's signature & name

.....  
Date: ...../...../20...

.....  
Date: ...../...../20...

**RECEIVING INSTITUTION**

*We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.*

Departmental coordinator's signature

Institutional coordinator's signature

.....  
Date: ...../...../20...

.....  
Date: ...../...../20...

**APPENDIX 1: LIST OF SIGNATORIES****Signatories for ISEM Supporting Forms**

<b>Undergraduate</b>		
<b>ISEM Mode</b>	<b>Credit Transfer</b>	<b>Learning Agreement Form</b>
		Head of Section (Respective Programme)/ Deputy Dean A&T
<b>ISEM Mode</b>	<b>Intra</b>	<b>Intra Agreement Form</b>
		Intra Coordinator/ Intra Supervisor
<b>Postgraduate</b>		
<b>ISEM Mode</b>	<b>Credit Transfer</b>	<b>Learning Agreement Form</b>
		Head of Section (Postgraduate) / Deputy Dean A&T
	<b>Research</b>	<b>Work Plan Proposal Form</b>
		Main Supervisor