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| **Higher Education** **Learning Agreement form****Student/trainee’s name** |  |

**LEARNING AGREEMENT FOR STUDIES**

**The Receiving Institution**

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| --- | --- | --- | --- |
| Name | **HELMo** | Faculty | **education** |
| Erasmus code (if applicable) | **BLIEGE37** | Department | **teacher training** |
| Address | **Hors-Château 61****4000 Liège** | Country,Country code | **Belgium, BE** |
| Contact person name | **Martine WILMOTS** | Contact persone-mail / phone | international.education@helmo.be **+32 4 250 76 98** |

#### **Section to be completed BEFORE THE MOBILITY**

#### **I. PROPOSED MOBILITY PROGRAMME**

See our course offer on : <https://elearning.helmo.be/course/view.php?id=3816>

**II. RESPONSIBLE PERSONS**

If you want to study or do some placement in the ***foreign languages department***,

your contact will be :

Sophie MOTTER (international.education@helmo.be , s.motter@helmo.be )

If you want to study or do some placement in ***another department***,

your contact will be :

Martine WILMOTS (international.education@helmo.be , m.wilmots@helmo.be )