** VIT Incoming Exchange Program**

**Learning Agreement**

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| **Name (same as passport )** | | | | | | | | | |
|  | | | | | | | | | |
| **Date of Birth**  **(DD/ MM/YYYY)** | **Gender** | **Country of Citizenship** | | | **Citizenship Status in India** | | **Contact Number** | | |
|  |  |  | | |  | |  | | |
| **Mailing Address** | | | | | | | | | |
|  | | | | | | | | | |
| **Name of Home Institution** | | **Home Department / Faculty** | | | | | | | |
|  | |  | | | | | | | |
| **Degree with Specialization** | | **Year of Study** | | | | **Year of Completion** | | | |
|  | |  | | | |  | | | |
| **PROPOSED PROGRAM OF STUDY at VIT** | | | | | | | | | |
| **School / Center at VIT** | | | | | | **Proposed Semester / Period** | | | |
|  | | | | | |  | | | |
| **From** | | | **To** |
|  | | |  |
| **Study courses at VIT** | | | | **Home institution equivalency course for transfer credit** | | | | | |
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| **Applicant’s Signature** \*By signing this form, I agree that all information provided is true and complete. | | | | | | | | **Date** | |
|  | | | | | | | |  | |
| **VIT Research Center / School Dean Approval**  (VIT School / Center Use Only) | | | | | | | | | |
| **Name of VIT Research Center / School Dean** | | | **Signature** | | | | | **Date** | |
|  | | |  | | | | |  | |