**LEARNING AGREEMENT FOR STUDIES**

 **Autumn 2025-2026** (01-09-2025 – 31-01-2026)

**The Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date of birth |  | Nationality |  |
| Sex |  | Academic year | 2025 / 2026 |
| Study cycle |  | Subject area,Code |  |
| Phone |  | E-mail |  |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Faculty |  |
| Erasmus code (if applicable) |  | Department |  |
| Address |  | Country,Country code |  |
| Contact person name |  | Contact persone-mail / phone |  |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Windesheim University of AppliedSciences | Faculty | Engineering & ICT |
| Erasmus code (if applicable) | NL ZWOLLE 05 | Department | Information Technology |
| Address | Campus 2 | Country,Country code | The Netherlands |
| Contact personname | Mr. Wim Rietberg | Contact persone-mail / phone | wjar.rietberg@windesheim.nl +31-(0)88 469 6379 |

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

**I. PROPOSED MOBILITY PROGRAMME Autumn 2025-2026**

Student name:

**MODULE NAME: DATA-DRIVEN INNOVATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **tick if applicable** | **Component code** (if any) | **Component title** (as indicated in the course catalogue) at the receiving institution | **Block** | **Number of ECTS credits** (to be awarded by the receiving institution upon successful completion) | **Obligatory** Yes/No |
| [x]  | ICT.KS.DDI.V20 | Data-Driven Innovation | 1 + 2 | 24 | Yes |
| [ ]  | ICT.KS.INT | International Course | 1 + 2 | 1 | No |
| ***Cross-departmental Modules (Electives):*** ***\*Only one module in the same time slot can be chosen, see*** [***www.windesheim.com***](http://www.windesheim.nl) ***for overlap details. Please note! You can choose a maximum of two modules in total.\*\**** |
| [ ] \* | LVONINT.LAN.X.23 | Dutch Language  | 1 + 2 | 5 | No |
| [ ] \*[ ] \*[ ] \*[ ] \*[ ] \*[ ] \*[ ] \* | HCSW.GP.CDC.DS.V23LVONINT.DRIM.X.23WFENG.IRUD.01HCSW.CDC.YML.V24EDIOEBCO.01EDIOEPL.01BMR.EM.01 | Dutch Society Drama & Improvisation\*Innovation Research Competences for Urban DevelopmentYouth & Media LiteracyBehavioural Change in OrganisationsPersonal Leadership (7 habits)Economic Mindsets in the age of AI | 1 + 21 + 21 + 21 + 21 + 21 + 21 + 2 | 5555555 | NoNoNoNoNoNoNo |
| [ ] \*[ ] \* | BMR.CEB2.01BMR.CEC1.01 | Cambridge English B2Cambridge English C1 | 1 + 21 + 2 | 55 | NoNo |
| [ ] \* | BMR.IA.01 | Intercultural Awareness | 1 + 2 | 5 | No |
|  |  | **TOTAL ECTS:** |  |       |  |
|

|  |
| --- |
| *\*Drama & Improvisation : this class will only take place if there are at least 8 participating students**\*\** *In case demand surpasses availability, you may be required to modify your module selections during the 'add and drop weeks' at**the start of the semester.* |

**Web link to the course catalogue at the receiving institution describing the learning outcomes:**

|  |
| --- |
| *https://www.windesheim.com/study-programmes/exchange-programmes/* |

 |

**II. COMMITMENT OF THE THREE PARTIES**

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and receiving institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the inter-institutional agreement for institutions located in partner countries).

The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period.

|  |
| --- |
| **The student**Student’s name:Student’s signature: Date:  |

|  |
| --- |
| **The sending institution**Responsible person (name):Responsible person’s signature: Date: Stamp: |

|  |
| --- |
| **The receiving institution** (Windesheim University of Applied Sciences)Responsible person: Mr. Wim RietbergResponsible person’s signature: Date: Stamp: |