** 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** |
|  |  |  |