

Learning Agreement

Name:	Host Institution:
MSVU Student ID:	Degree Program:
Email:	Phone Number:

- 3. This learning agreement is your commitment to take a full course load (min. 1.5 units per term) while you are attending your host university as explained to you by the host university.

**Are you applying for a Government Student Loans? \bigcirc Yes \bigcirc No

- If Yes:
 - please indicate Province: ____
 - a copy of your assessment must be emailed to <u>financial.services@msvu.ca</u> prior to your departure.
 - Financial Services cannot sign your student loan until your **learning agreement** (this document) is returned with the host institution section complete.

Host Institution

Please complete the following information and confirm student's registration.

Course Subject and Number	Course Title	Units (ECTS, Points, Credit Hours)	Percentage of Full Course Load	
Name:	Student Number (at h	ost institution):		
Start Date:	End Date:	End Date:		
Student is registered in9	% of a full course load.			

Host Institution's Signature:	Name:
Position/Title:	Date:
Email Address:	

Please submit the form to: registration@msvu.ca (a copy will be provided to financial services)