**Learning Agreement for Studies Abroad**

**Before Travel**



**Date: … / …. /**202…

**Current Academic Year:**

202… / 202…

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student** | **First name(s)** | | **Last name(s)** | | **PSUT ID#** | **Date of birth** | | **Sex [M/F]** | **Nationality** | | **Major/Faculty** |
|  | |  | |  |  | |  |  | |  |
| **Home Institution** | **Name** | | **Faculty/Department** | | **Address** | | | **Country** | **Contact person name; email; phone** | | |
| PSUT | | International Partnerships Division / Study Abroad | | Amman, Jordan | | | Jordan | Leila Rawashdeh [int.rel.off@psut.edu.jo](mailto:int.rel.off@psut.edu.jo) Mobile: +962775624503 | | |
| **Guest Institution** | **Name** | | **Faculty/ Department** | | **Address** | | | **Country** | **Contact person name; email; phone** | | |
|  | |  | | (University name, State) | | |  |  | | |
| **Planned first semester abroad:** Semester ……. Year ……..  **Important Guidelines:**  **(1)** Students are advised to plan to travel for the Fall Semester of the academic year to be be their first semester abroad. In addition, their classes need to be mapped out at least 3 semesters before travel.  **(2)** It is the student’s responsibility to carefully read and follow the officially announced rules and guidelines for the Study Abroad programs. PSUT’s role is to merely guide and support its students during the process, when needed.  **(3)** By signing below, students acknowledge that they must adhere to taking the listed courses at the guest institution as approved by PSUT before travel. In case of any changes while abroad, they must email their designated academic and institutional coordinators at PSUT [int.rel.off@psut.edu.jo](mailto:int.rel.off@psut.edu.jo) to seek new approvals, otherwise they risk delaying their graduation with a Bachelor’s degree from PSUT on-time, with their cohort.  **(4)** It is the students’ responsibility to keep this original signed document safe until their official graduation from PSUT.  **(5)**At the end of each semester abroad, the student must request an official transcript to be sent from the partner institution’s registration department to PSUT’s admissions department at [dar@psut.edu.jo](mailto:dar@psut.edu.jo)  An extra copy may be sent to institutional int’l coordinator at [int.rel.off@psut.edu.jo](mailto:int.rel.off@psut.edu.jo)  **(6)** In case of academic calendars not aligning between the two institutions, students are not allowed to travel before concluding their Final Exams at PSUT unless they have acquired special written permissions from the Deans’ Council.  **(7)** PSUT limits its liability towards its students to academic matters only and while they remain current PSUT students.  **Course Mapping**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Course code at Home/**  **Sending Institution** | **Course title**  **at the Sending Institution (PSUT)** | **No. of credits** | **Course code at**  **Guest Institution** | **Equivalent Course title**  **at Guest/Receiving University** | **No. of credits** | **Current course Instructor**  **Name & Signature**  **at PSUT** | **Dept Council Approval Signature**  **at PSUT** | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | | **Course code at Home/**  **Sending Institution** | **Course title**  **at the Sending Institution (PSUT)** | **No. of credits** | **Course code at**  **Guest Institution** | **Equivalent Course title**  **at Guest/Receiving University** | **No. of credits** | **Current course Instructor**  **Name & Signature**  **at PSUT** | **Dept Council Approval Signature**  **at PSUT** | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | | | | | | | | | | | | |
| **Commitment** | | **Name** | | **Email** | | | **Position** | | | **Date** | **Signature** |
| **Student** | |  | |  | | | *Student* | | |  |  |
| **Approvals at the Home Institution** | |  | |  | | | *Head of Student’s Department* | | |  |  |
|  | |  | | | *Deanship Academic Coordinator* | | |  |  |
|  | |  | | | *Dean of Student Affairs* | | |  |  |
| Leila Rawashdeh | | [int.rel.off@psut.edu.jo](mailto:int.rel.off@psut.edu.jo) | | | *Institutional Int’l Coordinator* | | |  |  |
|  | |  | | | *Dean of Student’s Academic School* | | |  |  |
|  | |  | | | *Admissions & Registration (filing)* | | |  |  |