

Christian Brothers University
Exchange Program Learning Agreement



Student Information

Full Name: _____ Academic Advisor Name: _____
 Home Institution: _____ Academic Advisor Email: _____
 Field of Study: _____

Proposed Study Program | Circle exchange semester: Fall / Spring, Year: _____

CBU Course Code	CBU Course Title	CBU Credit Hours	Home Institution Credit Information

Student Agreement: *I agree to take the above courses, fully participating by attending class and completing assignments. I understand how my credits will transfer to my home institution.*

Student Signature: _____ Date: _____

CBU Agreement: *We approve the above learning agreement.*

International Initiatives Director: _____ Date: _____

Academic Advisor: _____ Date: _____

Home Institution Agreement: *We approve the above learning agreement.*

Exchange Program Coordinator: _____ Date: _____

Academic Advisor: _____ Date: _____