



LEARNING AGREEMENT: Fall 2023

ACADEMIC YEAR : 2023/2024 DEGREE PROGRAM: _____

Name of student:	Date of birth:
Period of study (dates) From:	To:
Sending institution:	Country:

DETAILS OF THE PROPOSED STUDY PROGRAM ABROAD / LEARNING AGREEMENT

Receiving institution: The Humber Institute of Technology and Advanced Learning, Toronto, Canada

Important Notes: *Humber will only be offering courses from semesters 1, 3, 5, and 7 in the Fall 2023 semester. You will be enrolled in 5 Courses. To allow for scheduling conflicts please choose 8 courses, ranking your choices from 1 to 8 and we will try to accommodate your request. You must choose courses from one faculty only, in the degree or diploma programs. Please contact your Humber international coordinator if you have questions.*

Please attach a copy of your current academic transcript. This Learning Agreement will be a Draft until approved by Humber.

Course Rank	Course unit Code	Course unit title <i>(as indicated in the course list)</i>	Semester
1			
2			
3			
4			
5			
6			
7			
8			

Remember, you may not take courses you have taken before and you must have the proper pre-requisites.

Student's signature	Date
---------------------	------

SENDING INSTITUTION	
We confirm that this proposed program of study / learning agreement is approved.	
Academic Advisor's signature (Home)	Date

RECEIVING INSTITUTION – HUMBER COLLEGE	
We confirm that this proposed program of study / learning agreement is approved.	
Faculty Coordinator (Humber)	Date



HUMBER

LEARNING AGREEMENT REVISIONS (If Required): Fall 2023

This page will only be used if revisions are required for Humber or your Host institution.

Course Rank	Course unit Code	Course unit title <i>(as indicated in the course list)</i>	Semester
1			
2			
3			
4			
5			
6			
7			
8			

Remember, you may not take courses you have taken before and you must have the proper pre-requisites.

Student's signature	Date
---------------------	------

SENDING INSTITUTION	
We confirm that this revised proposed program of study / learning agreement is approved.	
Academic Advisor's signature (Home)	Date

RECEIVING INSTITUTION – HUMBER COLLEGE	
We confirm that this revised proposed program of study / learning agreement is approved.	
Faculty Coordinator (Humber)	Date