ILLINOIS TECH Office of International Affairs

LEARNING AGREEMENT—UNDERGRADUATE NON-DEGREE VISITING

This document is to be signed by the assigned academic adviser of the student at Illinois Institute of Technology, so that he/her home institution has evidence of the courses registered for and the study plan for the undergraduate non-degree program at Illinois Tech.

Name of Student:

Illinois Tech ID Number:

Degree program at Illinois Tech:

Period of study: Dates: Start Date (MM/DD/YY)

to End Date (MM/DD/YY)

Sending institution:

Receiving institution: Illinois Institute of Technology, Chicago, USA, 10 West 35th Street, 19th Floor, Chicago, IL 60616, USA

Type of program: Non-degree visiting undergraduate level

Course code:	Name of course:	No. of U.S. credits:

Spring semester:			
Course code:	Name of course:	No. of U.S. credits:	
Summer semester:			
Course code:	Name of course:	No. of U.S. credits:	
For the student:			
	e student, undertake to observe, respect st institution's academic and other requ		
Please check one:			
Completion of the fall semester	of Illinois Tech		
Completion of the fall and sprin	g semesters at Illinois Tech		
Completion of the spring semes	ter of Illinois Tech		
Completion of the spring and fa	ll semesters at Illinois Tech		

By signing this form, I, the student agree to follow the required number of hours and/or minimum period and guidelines required by **my home institution if applicable, and, to fulfill and successfully complete all the bachelor's degree requirements at the home institution.** Failure to do so will result in failing grade(s) and/or an incomplete academic record at the host institution, that **will not** be recognized by the home institution.

Signature:

Date: (MM/DD/YY)

For the Illinois Tech academic adviser:

The signature of the Illinois tech academic adviser only confirms the list of courses for which the student has registered this current semester, and courses that s/he intends to take in the subsequent semester at Illinois Institute of Technology, Chicago. The courses for the subsequent semester may be changed/modified, which will necessitate a completion of a similar form for the subsequent semester.

Signature of academic adviser:

Name:

Email address:

Date: (MM/DD/YY)

Approval of the sending institution:

Name:

Signature of the designated authority for such matters at the sending institution:

Date: (MM/DD/YY)

N.B. Any change in course number/specialization in the following semester, will require a re-submission of the form reflecting the changes pertinent to that semester.

IPIIT-9-01-2023