# LEARNING AGREEMENT

***ACADEMIC YEAR 2019-2020***

**Admission will not be granted unless this section is fully completed**

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|---|
| **First / Last name**:..... |
| **Sending institution**: ..... |
| **Major:** .....**Country**: ..... |

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|---|---|
| **Currently enrolled in diploma/degree program:**<br><br>Major/minor/specialization: | **Number of years in higher education prior to UniLaSalle:** |

| **Culinary Sciences for Health Benefits: from field to plate** | | **ECTS Credits*** |
|---|---|---|
| **Programs** | **Course title** | |
| **Week 1 - 4** | On-campus program | 8 |
| **Week 5 - 8**<br><br>**Internship** *(optional)* | 1-month internship (8 ECTS) – please indicate your first 2 preferences. We will try to accommodate your first preference, but cannot guarantee it<br>☐ small sustainable farms, guest farms<br>☐ vineyards<br>☐ LaSalle research assistant (spaces are limited)<br>☐ restaurants : prior experience working in a professional restaurant kitchen required | 8 |
| *2 ECTS credits = 1 US credits | **TOTAL ECTS CREDITS** | |

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| **Additional comments about the learning agreement (if applicable):** |

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| I agree to take all exams related to the course. *Internship Option*: at the end of my internship, I agree to return to Beauvais for the debriefing & presentation session. | **Student signature:** | **Date:** |

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|---|---|---|
| I hereby approve the above plan of study/learning agreement: | **Sending Institution co-ordinator's signature:** | **Date:** |

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|---|---|---|
| I hereby approve the above plan of study/learning agreement: | **Receiving Institution academic supervisor's signature:** | **Date:** |