

LEARNING AGREEMENT

ACADEMIC YEAR 2024-2025

Admission will not be granted unless this section is fully completed

First / Last name:

Home institution:

Major:

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

Food as Medicine		Credits*
Program dates:	Modules	
June 11 – July 09	1. From milk to yoghurt and cheese 2. From flour to French bread and pastries 3. French cuisine adapted to chronic conditions 4. Food sourcing 5. Designing Food for the dependent adult 6. Diet and therapeutic care	<input type="checkbox"/> 6 US <input type="checkbox"/> 12 ECTS
*ECTS transfer credits - 2 ECTS credits =1 US credit		TOTAL ECTS CREDITS <input type="checkbox"/> 6 US <input type="checkbox"/> 12 ECTS

Additional comments (if applicable):

I agree to take all evaluations related to the course.	Student signature:	Date:
--	---------------------------	--------------

I hereby approve the above plan of study / learning agreement:	Home Institution – coordinator’s signature:	Date:
--	--	--------------

I hereby approve the above plan of study /learning agreement:	UniLaSalle – academic supervisor’s signature:	Date:
---	--	--------------