

LEARNING AGREEMENT

ACADEMIC YEAR: 20...../ 20..... **STUDY PERIOD:** from..... to.....

FIELD OF STUDY:

Name of student:..... Student's e-mail address: Sending Institution: Country:
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DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving Institution: Country:
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Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the course catalogue)	Semester (autumn/spring)	Number of ECTS credits

Student's signature..... Date

SENDING INSTITUTION We confirm that the learning agreement is accepted. Departmental coordinator's signature Date:	Institutional coordinator's signature Date:
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RECEIVING INSTITUTION We confirm that the learning agreement is accepted. Departmental coordinator's signature Date:	Institutional coordinator's signature Date:
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Name of student:..... Sending Institution: Country:

CHANGES TO ORIGINAL LEARNING AGREEMENT (to be filled in ONLY if appropriate)

Course unit (as indicated in the course catalogue)	Course unit title (as indicated in the course catalogue)	Deleted Course Unit	Added Course Unit	Number of ECTS credits
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

If necessary, continue this list on a separate sheet

Student's signature..... Date

<p>SENDING INSTITUTION We confirm that the learning agreement is accepted.</p> <p>Departmental coordinator's signature Date:.....</p>	<p>Institutional coordinator's signature Date:.....</p>
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<p>RECEIVING INSTITUTION We confirm that the learning agreement is accepted.</p> <p>Departmental coordinator's signature Date:.....</p>	<p>Institutional coordinator's signature Date:.....</p>
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SAMPLE