

LEARNING AGREEMENT

Academic Year:

Name of student:						
Subject area: to						
Sending institution:	Country:					
DETAILS OF THE PROPOSED	STUDY PROGRAMME ABROAD/LEARN	NING AGREEMENT				
Receiving institution:	Country:					
Course unit code (if available)	Course unit title	Number of ECTS Credit				
if necessary, continue the list on a separate sheet						
Student's signature Date:						
SENDING INSTITUTION						
We confirm that this proposed programme of study / learning agreement is approved.						
Departmental coordinator's signature						
Date:						
RECEIVING INSTITUTION						
We confirm that this proposed programme of study / learning agreement is approved. Departmental coordinator's signature						
Date:						

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in **ONLY** if appropriate)

Course unit code (if any) and page no. of the course catalogue	Course unit title (as indicated in the course catalogue)	Deleted course unit	Added course unit	Number of ECTS credits		
if necessary, continue this list on a separate sheet						
Student's signature Date:						
SENDING INSTITUTION						
We confirm that the above-listed changes to the initially agreed programme of study / learning agreement are approved.						
Departmental coordinator's signature						
RECEIVING INSTITUTION						
We confirm that the above-listed changes to the initially agreed programme of study / learning agreement are approved.						
Departmental coordinator's signature Date:						