



LEARNING AGREEMENT

Academic Year:

Name of student:	
Subject area:.....	Study period: from to
Sending institution:	Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:	Country:
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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:
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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
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
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		<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:
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<p>SENDING INSTITUTION</p> <p>We confirm that the above-listed changes to the initially agreed programme of study / learning agreement are approved.</p> <p>Departmental coordinator's signature Date:</p>
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<p>RECEIVING INSTITUTION</p> <p>We confirm that the above-listed changes to the initially agreed programme of study / learning agreement are approved.</p> <p>Departmental coordinator's signature Date:</p>
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