



## LEARNING AGREEMENT

Academic Year: \_\_\_\_\_ / \_\_\_\_\_

### Field of Study:

Name of student:  
Sending institution:

### Details of the Proposed Study Programme Abroad / Learning Agreement

Receiving institution:  
Country:

Sending Institution Course Unit Title	Number of ECTS/cre dits	Receiving Institution Course Unit Title	Number of ECTS/ credits

Note: If necessary, continue the list on a separate sheet

Student's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

### SENDING INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

### RECEIVING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## LEARNING AGREEMENT



Academic Year: \_\_\_\_\_ / \_\_\_\_\_

Name of student: \_\_\_\_\_  
 Sending institution: \_\_\_\_\_ Country: \_\_\_\_\_

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**  
 (to be filled in ONLY if appropriate)

Sending Institution Course Unit Title	Number of ECTS/cre dits	Receiving Institution Course Unit Title	Number of ECTS/cre dits	Deleted Course Unit	Added Course Unit
				<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"/>

Note: If necessary, continue the 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 \_\_\_\_\_ Institutional coordinator's signature \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_

**RECEIVING INSTITUTION**

We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature \_\_\_\_\_ Institutional coordinator's signature \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_