

**ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION
SYSTEM
LEARNING AGREEMENT**

ACADEMIC YEAR 20.../20... - FIELD OF STUDY:

Name of student:

Sending institution:

Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:

Country:

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

if necessary, continue the list on a separate sheet

Student's signature

Date:

SENDING INSTITUTION	RECEIVING INSTITUTION
We confirm that the proposed programme of study/learning agreement is approved.	
Departmental coordinator's signature	Departmental coordinator's signature
(Sending institution)	(Receiving institution)
.....
Date:	Date:

Name of student:

Sending institution:

Country:

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 information package	Course unit title (as indicated in the information package)	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"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<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:

SENDING INSTITUTION	RECEIVING INSTITUTION
We confirm that the proposed programme of study/learning agreement is approved.	
Departmental coordinator's signature (Sending institution)	Departmental coordinator's signature (Receiving institution)
.....
Date:	Date: