

LEARNING AGREEMENT

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

Name of student:	
Sending institution: Country:	

DETAILS OF THE PROPOSED STUDY PROGRAMME

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.....

If necessary, continue the list on a separate sheet.

Student's signature	Date:
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SENDING INSTITUTION	
We confirm that the proposed programme of study has been approved.	
Coordinator's signature	
Date:	

RECEIVING INSTITUTION	
We confirm that this proposed programme of study has been approved.	
Departmental coordinator's signature	Institutional coordinator's signature
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"/>
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If necessary, continue this list on a separate sheet.

Student's signature	Date:
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SENDING INSTITUTION	
We confirm that the above-listed changes to the suggested programme of study have been approved.	
Departmental coordinator's signature Date:	I

RECEIVING INSTITUTION	
We confirm that the above-listed changes to the suggested programme of study have been approved.	
Departmental coordinator's signature Date:	Institutional coordinator's signature Date: