

**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 | |
| 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: _____ |

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 |
|---|---|---------------------|-------------------|------------------------|
| | | | | |

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

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: