

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:
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Course unit code (if any)	Course unit title	Number of ECTS credits

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/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)

Receiving institution:	Country:
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Course unit code	Course unit title	Deleted Course	Added Course	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"/>	

if necessary, continue this list on a separate sheet

Student's signature:	Date:
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SENDING INSTITUTION	
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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
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Date:	Date:

