

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 PROP	D STUDY PROGRAMME ABROAD/L	EARNING AGREEMENT			
Receiving institution:		Country:			
Course unit code (if any)	Course unit title	Number of ECTS credits			
(ii uny)		Credits			
	_				
if necessary, continue the list	separate sheet				
Student's signature:	Dat	Date:			
SENDING INSTITUTION		1			
	me of study/learning agreement is ap				
Departmental coordinator's signatu	Institutional coordinate	or's signature			
Date:	Date:				
RECEIVING INSTITUTION					
	me of study/learning agreement is ap				
Departmental coordinator's signati	Institutional coordinate	or's signature			
Date:	Date:				

Name of student					,	
Sending institution:			Co	Country:		
CH <i>E</i>	ANGES TO ORIGINAL PROPOS (to be fill	ED STUDY PROGRA ed in ONLY if appro		NING AGREE	EMENT	
Receiving institution:			Country:			
Course unit code	Course unit ti	tle	Deleted Course	Added Course	Number of ECTS credits	
ii necessai	ry, continue this list on a separa	ite sileet				
Student's signature:		Date:				
SENDING INSTI		1. /1		1		
We confirm that the proposed programme of study/learning agreement is approved. Departmental coordinator's signature Institutional coordinator's signature						
Departmental CC	orumator s signature	msutuuonar	coordinator s	Signature		
Date:		Date:				
RECEIVING INS	FITUTION					
We confirm that this proposed programme of study/learning agreement is approved.						
Departmental coordinator's signature Institutional coordinator's signature						
Date:		 Date:				