



ECTS -- EUROPEAN CREDIT TRANSFER SYSTEM

LEARNING AGREEMENT

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

Name of the Student:
Sending Institution:
Name: Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving Institution:
Name: Country:

Table with 2 columns: Course unit title (as indicated in the information package) and Number of ECTS credits. Contains multiple rows of dotted lines for data entry.

if necessary, continue this list on a separate sheet

Student's signature:
Date:

SENDING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.
Departmental co-ordinator's signature Institutional co-ordinator's signature
date: date:

RECEIVING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.
Departmental co-ordinator's signature Institutional co-ordinator's signature
date: date:



Name of student:

Sending Institution:

Name: Country:

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled ONLY if appropriate)

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"/>

if necessary, continue this list on a separate sheet

Student's signature:

Name Date:

SENDING INSTITUTION

We hereby confirm that the above-listed **changes** to the initially agreed programme of study/learning agreement is approved.

Departmental co-ordinator's signature

Institutional co-ordinator's signature

.....

.....

date:

date:

RECEIVING INSTITUTION

We hereby confirm that the above-listed **changes** to the initially agreed programme of study/learning agreement is approved.

Departmental co-ordinator's signature

Institutional co-ordinator's signature

.....

.....

date:

date: