**ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM**

**LEARNING AGREEMENT**

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

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| Name of student: .....................................................................................................................................  Sending institution:..................................................……............................ Country: ................................. |

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT**

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| Receiving institution: ............................................................................... Country: .................................... |

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| 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

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| 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  .............................................................................  Date: ................................................................... | Institutional coordinator’s signature  ...................................................................................  Date: ................................................................................ |

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| **RECEIVING INSTITUTION**  We confirm that this proposed programme of study/learning agreement is approved. | |
| Departmental coordinator’s signature  ..............................................................................  Date: ................................................................... | Institutional coordinator’s signature  ...................................................................................  Date: ................................................................................. |

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| Name of student: .............................................................................................................…………....  Sending institution: ....................................................................……. Country: .................................... |

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

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| 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

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| Student’s signature  .......................................................................................... Date: .......................................................... |

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| **SENDING INSTITUTION**  We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved. | |
| Departmental coordinator’s signature  ........................................................................  Date: .................................................................... | Institutional coordinator’s signature  ..................................................................................  Date: ............................................................................... |

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| **RECEIVING INSTITUTION**  We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved. | |
| Departmental coordinator’s signature  ........................................................................  Date: .................................................................... | Institutional coordinator’s signature  ...................................................................................  Date: ................................................................................. |