

## LEARNING AGREEMENT



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

Name of student:						
Sending institution:						
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 credits				
if necessary, continue the	list on a separate sheet					
Student's signature						
	Date:					
SENDING INSTITUTION						
We confirm that the proposed pro	ogramme of study/learning agreement is ap	pproved.				
Departmental coordinator's signa	ture Institutional coordinator	's signature				
Date:	Date:	Date:				
RECEIVING INSTITUTION						
We confirm that this proposed pro	ogramme of study/learning agreement is ap	pproved.				
Departmental coordinator's signa	ture Institutional coordinator	Institutional coordinator's signature				
Date:	Date:					

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 credits		
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if necessary, c	ontinue this list on a separate shee	t				
Student's signature						
Date:						
SENDING INSTITUTIO	N					
	ve-listed changes to the initially ag	greed programm	e of study/lea	rning agreement		
Departmental coordinator's signature Institutional coordinator's signature						
Date: Date:						
RECEIVING INSTITUT	ION					
We confirm bye the abovapproved.	ve-listed changes to the initially ag	reed programme	e of study/lear	rning agreement are		
Departmental coordinator's signature Institutional coordinator's signature						
Date:	Date					