## LEARNING AGREEMENT

**Academic year 20......../20......... Field of study:..................................**

**Study period: from....................... to.........................................................**

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| Name of student: Sending institution: Country: |

**Details of the proposed study programme abroad**

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| Receiving institution:  Country: |

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| --- | --- | --- | --- | --- |
| **Course**  **Code if any** | **Course title** | **Semester** | **Receiving institution credits** | **ECTS credits** |
| **------------------------------------------------------------------------------------------------------------------------** | **-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------** | **----------------------------------------------------------------------------------------------------------------------------------------------------------------** | **---------------------------------------------------------------------------------------------------------------------------------** | **----------------------------------------------------------------------------------------------------------------------------------** |

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

**Receiving institution:**

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved

Departmental coordinator’s signature Institutional coordinator’s signature

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Date:----------------------------------- Date: -------------------------------------