

PERSONAL INFORMATION

Name of the Student

Sending Institution

Country

Academic Year

DETAILS OF THE PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

Receiving Institution	Country	Place	Field of Study
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Course Code	Course Title	No. of ECTS Credits Home Country	No. of ECTS Credits Host Country
Total:			

Course Code	Course Title	Period time (MM/DD/YY)

Student's Signature Date

SENDING INSTITUTION

We confirm that the proposed learning agreement is approved.

Departmental Coordinator's Signature <input type="text"/>	Institutional Coordinator's Signature <input type="text"/>
Date <input type="text"/>	Date <input type="text"/>

RECEIVING INSTITUTION

We confirm that the proposed learning agreement is approved.

Departmental Coordinator's Signature <input type="text"/>	Institutional Coordinator's Signature <input type="text"/>
Date <input type="text"/>	Date <input type="text"/>

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Sending Institution

Country

Academic Year

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 course catalogue	Course unit title (as indicated in the course catalogue)	Deleted course unit	Added course unit	Number of ECTS credits
Changes in amount of credit points (+ or -):				

Student's Signature

Date

SENDING 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

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

Date

Date