

**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM
LEARNING AGREEMENT**

ACADEMIC YEAR 2010/2011- FIELD OF STUDY:

Name of student:		
Sending institution:		Country:

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

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
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.....

If necessary, continue the list on a separate sheet.

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 this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature	Institutional coordinator's signature
Date:	Date:

Name of student:

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 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"/>
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.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

If necessary, continue this list on a separate sheet

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 by 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:

