

ECTS-LEARNING AGREEMENT

ACADEMIC YEAR 20__ / __

FIELD OF STUDY: _____

Name of student:		
Period of study (dates)	from	to
Sending institution	Erasmus code	Country

DETAILS OF THE PLANNED STUDY PROGRAM ABROAD/LEARNING AGREEMENT

Receiving institution	Erasmus code	Country
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Course unit code (if any)	Course unit title at the <u>receiving institution</u>	Number of ECTS Credits (if applicable)

If necessary, continue this list on a separate sheet.

Date	Student's signature
.....

SENDING INSTITUTION:

We confirm that this planned program of study/learning agreement is approved.

Departmental coordinator's signature

International coordinator's signature

.....
Date

.....
Date

RECEIVING INSTITUTION:

We confirm that this planned program of study/learning agreement is approved.

Departmental coordinator's signature

International coordinator's signature

.....
Date

.....
Date

to be filled in ONLY if appropriate

Name of student:		
Period of study (dates)	from	to
Sending institution	Erasmus code	Country

CHANGES TO ORIGINAL PLANNED STUDY PROGRAM/LEARNING AGREEMENT

Course unit code (if any)	Course unit title at the <u>receiving institution</u>	Deleted course unit	Added course unit	Number of ECTS Credits (if applicable)
		<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"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
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		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Date	Student's signature

SENDING INSTITUTION:
We hereby confirm the above-listed changes to the initially agreed program of study/learning agreement are approved.

Departmental coordinator's signature	International coordinator's signature
Date	Date

RECEIVING INSTITUTION:
We hereby confirm the above-listed changes to the initially agreed program of study/learning agreement are approved.

Departmental coordinator's signature	International coordinator's signature
Date	Date