

LEARNING AGREEMENT

ACADEMIC YI Winter Term:	EAR 20/20	FIELD OF STUI Spring Term:	DY					
Name of the student:								
Sending institution:								
DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT								
Receiving institution:								
			•••••					
Country:			•••••					
Course ur	nit title (as indicated in th	e information packa	ge)	Number of ECTS credits				

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		••••••						
			•••••					
		•••••	•••••					
	•••••	••••••						
••••••			•••••					
(If necessary, con	ntinue the list on a separat	te sheet)						
Student's signature								
RECEIVING INSTI	TUTION							
		tudy/learning agreer	nent is approv	ed				
We confirm that this proposed programme of study/learning agreement is approved. Departmental coordinator's signature Institutional coordinator's signature								
P		-	astitutional Co.	ordinator s signature				
Date:	Date:							
SENDING INSTITU	TION							
We confirm that the proposed programme of study/learning agreement is approved.								
Erasmus/ECTS coordinator's signature								
Date:			and the second					

Name of the 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				
(If necessary, continue this list on a separate sheet)								
Student's signature								
SENDING INSTITUTIO								
We confirm that the above-	-listed changes to the initially agreed pro	gramme of stud	y/learning agre	eement are approved.				
Erasmus/ECTS Coordinator's signature								
Date:								
RECEIVING INSTITUT	ION							
We confirm bye 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:								