

# LEARNING AGREEMENT

**ACADEMIC YEAR 20.../20... - FIELD OF STUDY: .....**

Name of student: .....  
 Sending institution: .....  
 ..... Country: .....

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

Receiving institution: .....

Country: .....

[illegible]

if necessary, continue the list on a separate sheet

Student's signature \_\_\_\_\_ Date: \_\_\_\_\_

**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: .....

..... Country: .....

(to be filled in ONLY if appropriate)

[illegible]

if necessary, continue this list on a separate sheet

..... Date: .....

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: .....