**LEARNING AGREEMENT**

**Academic year Field of study: Study period: to:**

Name of student:

**Sending institution: Ivane Javakhishvili Tbilisi State University**

Country: Georgia

**Details of the proposed study programme abroad**

Receiving institution: Country:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course****Code if any** | **Course title** | **Semester** | **Receiving institution****credits** | **ECTS****credits** |
| **------------****------------****------------****------------****------------****------------****------------****------------****------------****------------** | **----------------------------------------------****----------------------------------------------****----------------------------------------------****----------------------------------------------****----------------------------------------------****----------------------------------------------****----------------------------------------------****----------------------------------------------****----------------------------------------------****----------------------------------------------****---------** | **----------------****----------------****----------------****----------------****----------------****----------------****----------------****----------------****----------------****----------------** | **-------------****-------------****-------------****-------------****-------------****-------------****-------------****-------------****-------------****------------** | **-------------****-------------****-------------****-------------****-------------****-------------****-------------****-------------****-------------****-------------** |

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 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: -------------------------------------

**Changes to original proposed study programme/learning agreement**

Name of student:

**Sending institution:**

Country:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course code if any** | **Course title (as indicated in the information package)** | **Semester** | **Deleted course unit** | **Added course****unit** | **ECTS Credits** |
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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: -------------------------------------