**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** |
| ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------  ------------ | ---------------------------------------------  ---------------------------------------------  ---------------------------------------------  ---------------------------------------------  ---------------------------------------------  ---------------------------------------------  ---------------------------------------------  ---------------------------------------------  ---------------------------------------------  ---------------------------------------------  ---------------------------------------------  ---------------------------------------------  ---------------------------------------------  ---------------------------------------------  ---------------------------------------------  ---------------------------------------------  ---------------------------------------------  ------------- | --------------  --------------  --------------  --------------  --------------  --------------  --------------  --------------  --------------  --------------  --------------  --------------  --------------  --------------  --------------  --------------  -------------- | O O O O  O O O O  O O O O O O  O O O O | O O O O  O O O O O O  O O O O  O O  O O | ----------  ----------  ----------  ----------  ----------  ----------  ----------  ----------  ----------  ----------  ----------  ----------  ----------  ----------  ----------  ----------  ---------- |

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