**ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM**

**LEARNING AGREEMENT**

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

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

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

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| Receiving institution: ............................................................................... Country: .................................... |

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| Course unit code (if any) and page no. of the information package.................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................. | Course unit title (as indicated in the information package)................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ | Number of ECTS credits........................................................................................................................................................................................................................................................................................................................................................................................................ |

if necessary, continue the list on a separate sheet

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| Student’s signature.................................................................... Date: ............................................... |

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| **SENDING INSTITUTION**We confirm that the proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s signature.............................................................................Date: ................................................................... | Institutional coordinator’s signature...................................................................................Date: ................................................................................ |

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| **RECEIVING INSTITUTION**We confirm that this proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s signature..............................................................................Date: ................................................................... | Institutional coordinator’s signature...................................................................................Date: ................................................................................. |

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

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

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| Course unit code (if any) and page no. of the information package..........................................................................................................................................................................................................................…….........................……..........................……..........................….………………….………………………………………….……………………… | Course unit title (as indicated in the information package)……………………………....................................................................................................................................................................................................................................................................................................................…………………………………………………………………………………………………………………………………………………………………………….. | Deletedcourseunit🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏 | Addedcourseunit🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏 | Number of ECTS credits……………….................................................................................................................................................................……………………………….……………….……………………………….……………… |

if necessary, continue this list on a separate sheet

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| Student’s signature.......................................................................................... Date: .......................................................... |

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| **SENDING INSTITUTION**We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved. |
| Departmental coordinator’s signature........................................................................Date: .................................................................... | Institutional coordinator’s signature..................................................................................Date: ............................................................................... |

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| **RECEIVING INSTITUTION**We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved. |
| Departmental coordinator’s signature........................................................................Date: .................................................................... | Institutional coordinator’s signature...................................................................................Date: ................................................................................. |