

LEARNING AGREEMENT

1st semester / 2nd semester / entire academic year _____

Personal information

Family name(s):

First name(s):

Field of study: Study level (Undergraduate/Master):.....

Type of mobility (exchange student / free mover)

Institutional information

Home/Sending institution:

Country:

Host/Receiving institution:

Country:

Details of the proposed study programme abroad

COURSES AT HOST INSTITUTION			COURSE EQUIVALENCE AT HOME INSTITUTION		
Course code (if any)	Course unit title (as indicated in the course catalogue)	No. of ECTS credits	Course code (if any)	Course unit title (as indicated in the course catalogue)	No. of ECTS credits
Total number of ECTS credits			Total number of ECTS credits		

Note: You may feel free to introduce as many rows as necessary

Student's name:

Date and place:

Signature:

SENDING (HOME) INSTITUTION

We confirm that the proposed programme of study / learning agreement is approved.

Academic supervisor / ECTS Faculty Coordinator:

Name:

Signature:

Date:

RECEIVING (HOST) INSTITUTION

We confirm that the proposed programme of study / learning agreement is approved.

Academic supervisor / ECTS Faculty Coordinator:

Name:

Signature:

Date:

Personal information

Family name(s):

First name(s):

Field of study: Study level (Undergraduate/Master):.....

Institutional information

Home/Sending institution:

Country:

Host/Receiving institution:

Country:

Changes to original proposed Learning Agreement

COURSES AT HOST INSTITUTION					COURSE EQUIVALENCE AT HOME INSTITUTION		
Course code (if any)	Course unit title (as indicated in the course catalogue)	Deleted course unit	Added course unit	No. of ECTS credits	Course code (if any)	Course unit title (as indicated in the course catalogue)	No. of ECTS credits
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
Total number of ECTS credits					Total number of ECTS credits		

Student's name:

Date and place:

Signature:

SENDING (HOME) INSTITUTION

We confirm that the proposed programme of study / learning agreement is approved.

Academic supervisor / ECTS Faculty Coordinator:

Name:

Signature:

Date:

RECEIVING (HOST) INSTITUTION

We confirm that the proposed programme of study / learning agreement is approved.

Academic supervisor / ECTS Faculty Coordinator:

Name:

Signature:

Date:

