LEARNING AGREEMENT

	1^{st} semester/ \square 2^{nd} semester /	entire a	academic y	ear			
Perso	nal information						
Family	name(s):						
First name(s):							
Field o	f study:	St	udy level (l	Undergraduate/Master):			
Type o	of mobility (exchange student /	ree mover)					
In atitu	tion of information						
	itional information						
	/Sending institution:						
	'y:						
1	Receiving institution:						
Count	y:						
Details	of the proposed study progra	mme abro	ad				
	COURSES AT HOST INSTITUT			QUIVALENCE AT HOME INS	TITUTION		
Course	Course unit title (as indicated in the course catalogue)	No. of ECTS credits	Course	Course unit title (as indicated in the course	No. of ECTS credits		
(if any)	0 7	Credits	(if any)	catalogue)			
Total number of ECTS credits			Total number of ECTS credits				
Note: Yo	u may feel free to introduce as many rows a	s necessary	.				
Student's name: Date and place:							
Signati	ıre:						
CENDI	NG (HOME) INSTITUTION						
	•						
We confirm that the proposed programme of study / learning agreement is approved. Academic supervisor / ECTS Faculty Coordinator:							
Name:							
Signature: Date:							
	VIV.0 (VI.0 cm) VIV.0 = VII.0						
RECEIV	/ING (HOST) INSTITUTION						
We confirm that the proposed programme of study / learning agreement is approved.							
Academic supervisor / ECTS Faculty Coordinator:							
Name:							
Signature:							

Date:							
Persor	nal information						
Family	name(s):						
	ame(s):						
Field o	f study:			Study	level (Unde	ergraduate/Master):	
Institu	tional information						
Home/	Sending institution:						
	y:						
Host/R	Receiving institution:						
Countr	y:						
Chang	os to ovi sival averac	d Lagre	ing Ac-	10.0322.03			
	es to original propose SES AT HOST INSTITU		nng Agr	eemer		UIVALENCE AT HOME INS	STITUTION
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
				creares		catalogue	
			П				
			П				
			П				
			П				
T-4-1-	l f PCTC l'				T-1-1	ber of ECTS credits	
i otai i	number of ECTS credi	ts			l otai num	ber of EC13 credits	
Studen	t's name:				Date and pla	ice:	
Signatu	re:						
SENDIN	NG (HOME) INSTITUTIO	N					
	firm that the proposed proic supervisor / ECTS F				ning agreeme	ent is approved.	
Name:	• ,	acuity Co	orumat	01.			
Signatu Date:	re:						
RECEIV	ING (HOST) INSTITUTION	ON					
			<i>c</i>	/ 3			
	firm that the proposed pr nic supervisor / ECTS Fa		e of study	/ / learn	iing agreeme	nt is approved.	
Coordii Name:		J					
Signatu	re:						
Date:							