ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM LEARNING AGREEMENT

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

Name of student:						
Sending institution:						
DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT						
Receiving institution:						
	Country:					
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					
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 this proposed programme of study/learning agreement is approved. Departmental coordinator's signature Institutional coordinator's signature						
Date:	Date:					

Name of student:		•••••				
Sending institution:						
CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT (to be filled in ONLY if appropriate)						
Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits		
if necessary, continue this list on a separate sheet						
Student's signature						
SENDING INSTITUTIO						
We confirm that the abo are approved.	ve-listed changes to the initially agr	eed programme	e of study/lear	rning agreement		
Departmental coordinator's signature Institutional coordinator's signature						
Date: Date:						
RECEIVING INSTITUTION						
We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved.						
Departmental coordinator's signature						
Data	Date:		•••••			