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 l	list on a separate sheet						
Student's signature							
State it 5 Signature	Date:						
SENDING INSTITUTION							
We confirm that the proposed pro-	gramme of study/learning agreement is ap	proved.					
Departmental coordinator's signat	ture Institutional coordinator	's signature					
Date:	Date:						
RECEIVING INSTITUTION							
We confirm that this proposed pro	ogramme of study/learning agreement is ap	pproved.					
Departmental coordinator's signature							
Data	 Date:						
Date:	Datt						

Name of student:							
Sending institution:							
		Cou	ntry:				
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 inc information pac		Deleted course unit	Added course unit	Number of ECTS credits		
		,					
if necessary, co	ontinue this list on a se	parate sheet					
Student's signature		Date: .					
SENDING INSTITUTION	N						
We confirm that the abover are approved.	ve-listed changes to the	e initially agreed	programme	e of study/lear	rning agreement		
Departmental coordinato	or's signature	Institutional	coordinato	r's signature			
Date: Date:							
RECEIVING INSTITUTI	ON						
We confirm bye the abov approved.	e-listed changes to the	initially agreed p	orogramme	of study/lear	ning agreement ar		
Departmental coordinator	r's signature	Institutional o	coordinator	's signature			