

ECTS - EUROPEAN CREDIT TRANSFER SYSTEM**LEARNING AGREEMENT**

Academic Year 20..... / 20.....Field of Study:

Name of student:			
Sending Institution:		Country:	
Faculty/department:			

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD - LEARNING AGREEMENT

Receiving Institution:	
Country	

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

Student's signature:	Date:
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SENDING INSTITUTION

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

Departmental Coordinator's signature and Date

Institutional Coordinator's signature and 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

