



**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM**

**LEARNING AGREEMENT**

**ACADEMIC YEAR: .....FIELD OF STUDY: .....**

Name of student: .....  
Sending institution:..... Country: .....

**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: ..... Country: .....

**CHANGES TO ORIGINAL PROPOSED STUDY  
PROGRAMME/LEARNING AGREEMENT**  
(to be filled in ONLY if appropriate)

Course unit code	Course unit title	Deleted course unit	Added course unit	Number 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"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....

(if necessary, continue this list on a separate sheet)

Student's signature  
..... Date: .....

**SENDING INSTITUTION**

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature ..... Institutional coordinator's signature .....

Date: ..... Date: .....

**RECEIVING INSTITUTION**

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature ..... Institutional coordinator's signature .....

Date: ..... Date: .....