

LEARNING AGREEMENT

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

Name of student:						
Sending institution:						
	Country.					
DETAILS OF THE PROP AGREEMENT	POSED STUDY PROGRAMME ABI	ROAD/LEARNING				
Receiving institution:						
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				
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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:		



CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Name of student:						
Sending institution:						
Course unit code (if	Course unit title (as indicated	Deleted	Added	Number of		
any) and page no. of	in the information package)	course	course	ECTS credits		
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package		_	_			
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if necessary, continue this list on a separate sheet



Student's signature	
	Date:
SENDING INSTITUTION	
We confirm that the above-listed changes to the ir are approved.	nitially agreed programme of study/learning agreement
Departmental coordinator's signature	Institutional coordinator's signature
Date:	Date:
RECEIVING INSTITUTION	
We confirm bye the above-listed changes to the in approved.	itially agreed programme of study/learning agreement are
Departmental coordinator's signature	Institutional coordinator's signature
Date:	Date: