**LEARNING AGREEMENT**

**ACADEMIC YEAR 202\_/202\_ – FIELD OF STUDY: ...........................**

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

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT**

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| Receiving institution: ................................................................................. Country: ................................... |

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| Course unit code (if any)  ...................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  ............................................... | Course unit title  ............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ | Number of credits  ................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  ................................................ |

if necessary, continue the list on a separate sheet

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| Student’s signature ...............................................................................Date: ....................................... |

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| **SENDING INSTITUTION**  We confirm that the proposed programme of study/learning agreement is approved. | |
| Departmental coordinator’s signature  .............................................................................  Date: ................................................................... | Institutional coordinator’s signature  ...................................................................................  Date: ................................................................................ |

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| **RECEIVING INSTITUTION**  We confirm that this proposed programme of study/learning agreement is approved. | |
| Departmental coordinator’s signature  ..............................................................................  Date: ................................................................... | Institutional coordinator’s signature  ...................................................................................  Date: ................................................................................. |

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**

(to be filled in ONLY if appropriate)

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| Course unit code (if any)  ...............................  ...............................  ...............................  ...............................  ...............................  ...............................  ...............................  ...............................  ...............................  ............................... | Course unit title  ..............................................  ..............................................  ..............................................  ..............................................  ..............................................  ..............................................  ..............................................  ..............................................  ..............................................  .............................................. | Deleted  course  unit  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | Added  course  unit  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | Number of  credits  .......................  .......................  .......................  .......................  .......................  .......................  .......................  .......................  .......................  ...................... |

if necessary, continue this list on a separate sheet

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| Student’s signature  .......................................................................................... Date: ...................................................................... |

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| **SENDING INSTITUTION**  We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved. | |
| Departmental coordinator’s signature  ........................................................................  Date: .................................................................... | Institutional coordinator’s signature  ..................................................................................  Date: ................................................................................ |

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| **RECEIVING INSTITUTION**  We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved. | |
| Departmental coordinator’s signature  ........................................................................  Date: .................................................................... | Institutional coordinator’s signature  ...................................................................................  Date: ................................................................................. |