**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 ............................................................................................................................................................................................................................................................................................................................................................................................................................................................................ | Deletedcourseunit🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏 | Addedcourseunit🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏 | 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: ................................................................................. |