**ECTS -EUROPEAN CREDIT TRANSFER SYSTEM-**

**LEARNING AGREEMENT**

**ACADEMIC YEAR 20...../20.....**

**FIELD OF STUDY:....................................................**

Name of student: ..................................................................................................................

Sending institution:

....................................................................................... Country: ................................

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

Receiving institution:

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| 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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Student’s signature

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**SENDING INSTITUTION**

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

Departmental coordinator’s signature Institutional coordinator’s signature

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

**RECEIVING INSTITUTION**

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

Departmental coordinator’s signature Institutional coordinator’s signature

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

*LEARNING AGREEMENT-- Page 1*

Name of student: ..................................................................................................................

Sending institution:

....................................................................................... Country: ................................

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

*(to be filled ONLY if appropriate)*

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| Course unit code  (if any)  and page no. of the  information package | Course unit title (as indicated in  the information package) |  | Deleted  course  unit | | |  | Added  course  unit | | | Number of  ECTS credits |
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*if necessary continue this on a separate sheet*

Student’s signature

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

**SENDING INSTITUTION**

We hereby confirm the above-listed **changes** to the initially agreed program of study/learning agreement are approved.

Departmental coordinator’s signature Institutional coordinator’s signature

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

**RECEIVING INSTITUTION**

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

Departmental coordinator’s signature Institutional coordinator’s signature

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