**LEARNING AGREEMENT**

**ACADEMIC YEAR 20…../20..... - 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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| Name of the course...................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... | Number of ECTS credits................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... |

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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: ....................................................... |

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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: .......................................................................................... |