**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: .......................................................................................... |