

## ECTS Learning Agreement

Academic Year:

Field of Study:

### Personal Data

Name of student:

Sending institution:

Country:

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

Receiving institution:

Country:

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

\_\_\_\_\_  
Date / Student's signature

### SENDING INSTITUTION

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

\_\_\_\_\_  
Date / Departmental coordinator's signature

\_\_\_\_\_  
Date / Institutional coordinator's signature

### RECEIVING INSTITUTION

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

\_\_\_\_\_  
Date / Departmental coordinator's signature

\_\_\_\_\_  
Date / Institutional coordinator's signature

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

(to be filled in ONLY if appropriate)

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
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If necessary, continue this list on a separate sheet

\_\_\_\_\_  
Date / Student's signature

**SENDING INSTITUTION**

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

\_\_\_\_\_  
Date / Departmental coordinator's signature

\_\_\_\_\_  
Date / Institutional coordinator's signature

**RECEIVING INSTITUTION**

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

\_\_\_\_\_  
Date / Departmental coordinator's signature

\_\_\_\_\_  
Date / Institutional coordinator's signature