**ERASMUS+**

**ECTS**

##### LEARNING AGREEMENT

###### ACADEMIC YEAR: 2014/2015 STUDY PERIOD:

###### FIELD OF STUDY:

|  |
| --- |
| **Name of student:**  Student’s e-mail address:  **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) and page no. of the information package** | **Course unit title (as indicated in the course catalogue)** | **Semester**  **(autumn/**  **spring)** | **Number of ECTS credits** |
|  |  |  |  |

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| --- | --- |
| **Student’s signature** | **Date**: |

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| --- |
| **SENDING INSTITUTION** We confirm that the learning agreement is accepted.  Departmental coordinator’s signature Institutional coordinator’s signature  ……………………………………………… ……………………………………………………………  Date: ………………………………………. Date: ………………………………………………….. |

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| **RECEIVING INSTITUTION** We confirm that the learning agreement is accepted.  Departmental coordinator’s signature Institutional coordinator’s signature  ……………………………………………… ……………………………………………………………  Date: ………………………………………. Date: ………………………………………………….. |

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| **Name of student:** ………………………………………………………………………………………………  **Sending Institution:** ………………………………………………………..………**Country:** ………………. |

#### **CHANGES TO ORIGINAL LEARNING AGREEMENT**

#### **(to be filled in ONLY if appropriate)**

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| --- | --- | --- | --- | --- |
| **Course unit code and page no. of the course catalogue**  …………………………………………………………………………………………………………………………………… | **Course unit (as indicated in the course catalogue)**  ............................................................................  …………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | **Deleted**  **course**  **unit** | **Added**  **course**  **unit** | **Number of ECTS 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 accepted learning agreement are approved.  Departmental coordinator’s signature Institutional coordinator’s signature  ……………………………………………… ……………………………………………………………  Date: ………………………………………. Date: …………………………………………………….. |

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| **RECEIVING INSTITUTION** We confirm that the above-listed changes to the initially accepted learning agreement are approved.  Departmental coordinator’s signature Institutional coordinator’s signature  ……………………………………………… ……………………………………………………………  Date: ……………………………………… Date: …………………………………………………….. |