**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**

|  |
| --- |
| **Receiving institution**: ……………………………………… **Country**: …….……………………….. |

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |
|  |  |  |  |

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

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

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

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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

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

|  |
| --- |
|  **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: …………………………………………………….. |

|  |
| --- |
|  **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: …………………………………………………….. |