

ECTS – EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM
LEARNING AGREEMENT

I. DETAILS OF THE STUDENT

Name of the student:	
Field of study:	Academic year:
Sending institution:	Country:

II. DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

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 information package)	Number of ECTS credits

If necessary, continue this list on a separate sheet
Fair translation of grades must be ensured and the student has been informed about the methodology

III. COMMITMENT OF THE THREE PARTIES

The student
Student's signature:
Date:

The sending institution	
We confirm that the proposed programme of study/learning agreement is approved.	
Departmental coordinator's name and function:	Coordinator's name and function:
Departmental coordinator's signature:	Institutional coordinator's signature:
Date:	Date:

The receiving institution	
We confirm that this proposed programme of study/learning agreement is approved.	
Departmental coordinator's name and function:	Coordinator's name and function:
Departmental coordinator's signature:	Institutional coordinator's signature:
Date:	Date:

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Name of the student:
Sending institution: _____ Country: _____

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 credits
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

If necessary, continue this list on a separate sheet

The student
Student's signature: _____
Date: _____

The sending institution	
We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.	
Departmental coordinator's name and function: _____	Coordinator's name and function: _____
Departmental coordinator's signature: _____	Institutional coordinator's signature: _____
Date: _____	Date: _____

The receiving institution	
We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.	
Departmental coordinator's name and function: _____	Coordinator's name and function: _____
Departmental coordinator's signature: _____	Institutional coordinator's signature: _____
Date: _____	Date: _____