

LEARNING AGREEMENT

ECTS – European Credit Transfer System

Name of Student:									
Sending Institution:									
Course code (if any)	Course title (as indicated in the information	on package)	Number of ECTS credits						
		If necessary, continue this list	on a separate sheet						
Date and Student's signature 20									
SENDING INSTITUTION	1								
	roposed programme of study/learning agre	eement is approved.							
Date and signature 20		Departmental Coordinator's sig	nature						
Date and signature	20								
		Institutional Coordinator's sign	ature						
RECEIVING INSTITUTION We confirm that this proposed programme of study/learning agreement is approved.									
Date and signature	20	Departmental Coordinator's sig	nature						
Date and signature	20	Institutional Coordinator's signature							



LEARNING AGREEMENT

ECTS – European Credit Transfer System

Name of Student:								
Sending Institution:								
Course code (if any)	Course title (as indicated in the information)	ation package)	Deleted Course	Added Course	Number of ECTS credits			
Date and Student's sign	nature 20							
SENDING INSTITUTION	1							
	e above-listed changes to the initially agr	eed programme of stud	y/learning					
Date and signature	20							
	20	Departmental C	oordinator s	signature				
Date and signature	Institutional Coordinator's signature							
RECEIVING INSTITUTION	ON .							
We hereby confirm the agreement are approv	e above-listed changes to the initially agreed.	eed programme of stud	y/learning					
Date and signature	20							
		Departmental C	oordinator's	signature				
Date and signature 20		Institutional Coordinator's signature						