

Erasmus Programme

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

LEARNING AGREEMENT

Academic year 20..../20.... Study period: from to Field of study:

Tied of Study.				
Name of student:				
Sending institution:				
	Country:			
DETAILS OF THE PROP	OSED STUDY PROGRAMME ABROAD/L	EARNING AGREEMENT		
Receiving institution:				
	Country:			
Course unit code (if any) and page no. of the course catalogue	Course unit title (as indicated in the course catalogue)	Number of ECTS credits		
	if necessary, continue the list on a			
District Control	separate sheet			
Fair translation of grades methodology	must be ensured and the student has been infor	med about the		
Student's signature*				
	Data			

SENDING INSTITUTION				
We confirm that the proposed programme of study/learning agreement is approved.				
Departmental coordinator's signature	Institutional coordinator's signature			
Date:	Date:			
RECEIVING INSTITUTION				
We confirm that this proposed programme of study/learning agreement is approved.				
Departmental coordinator's signature	Institutional coordinator's signature			
Date:	Date:			

ERA_MOB-SW_2013 2

^{*} The student keeps the document with the original signatures, the sending and receiving institutions have to keep a copy or a scan.

Sending institution:			•••••		
-	Co	ountry:			
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 course catalogue	Course unit title (as indicated in the course catalogue)	Deleted course unit	Added course unit	Number of ECTS credits	
	•			•	
	•				
	•				
	•			•	
if necessary, co	ontinue this list on a separate sheet				
Student's signature	Date	:			
SENDING INSTITUTIO We confirm that the aboare approved.	N ve-listed changes to the initially agree	d programme	of study/lea	rning agreement	

ERA_MOB-SW_2013 3

Date:

RECEIVING INSTITUTION				
We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved.				
Departmental coordinator's signature	Institutional coordinator's signature			
Date:	Date:			

ERA_MOB-SW_2013 4