## ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM LEARNING AGREEMENT

ACADEMIC YEAR 20..../20.... - FIELD OF STUDY: .....

Name of student:						
Sending institution:						
	Comment					
DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT						
Receiving institution:						
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 the list on a separate sheet						
,						
Student's signature						
Date						
CENDING INCTITUTION						
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						
Date:	Date:					

Nama of students					
Sending institution:		••••••			
	(	Country			
CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT (to be filled in ONLY if appropriate)					
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if necessary, continue this list on a separate sheet					
Student's signature					
SENDING INSTITUTION  We confirm that 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:					
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					
Date:	Data				
	Date		*****************	*********	