LEARNING AGREEMENT

ACADEMIC YEAR - FIELD OF STUDY:

Name of student:						
Sending institution:						
	<u> </u>					
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 credits				
if necessary, continue the list on a separate sheet						
yy,y,						
Student's signature						
Date:						
SENDING INSTITUTION						
We confirm that the proposed programme of study/learning agreement is approved.						
Departmental 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:						

Name of student:						
Sending institution:						
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 information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of credits		
if necessary, continue this list on a separate sheet						
Student's signature						
Date:						
CENIDING INCERTION	NI					
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:						
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:Date:					