

ECTS - EUROPEAN CREDIT TRANSFER SYSTEM

LEARNING AGREEMENT

ACADEMIC YEAR 200_/200_ - FIELD OF STUDY :

Name of student :	
Sending institution :	Country :

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

Student's signature	Date :
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SENDING INSTITUTION We confirm that this proposed programme of study/learning agreement is approved.	
Departmental co-ordinator's signature	Institutional co-ordinator's signature
Date :	Date :

RECEIVING INSTITUTION We confirm that this proposed programme of study/learning agreement is approved.	
Departmental co-ordinator's signature	Institutional co-ordinator's signature
Date :	Date :