# LEARNING AGREEMENT FOR EXCHANGE STUDENTS

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

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| Name of student: ................................................................................................................................................Sending institution:................................................................................................ Country: ............................. |

**LIST OF COURSES SELECTED BY APPLICANT**

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| Name of the courses from the offer | Number of ECTS credits |
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| Student’s signature.................................................................................. Date: ............................................ |

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| **SENDING INSTITUTION**We confirm that the proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s signature.............................................................................Date: ................................................................... | Institutional coordinator’s signature...........................................................................................Date: ................................................................................ |

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| **RECEIVING INSTITUTION**We confirm that this proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s signature..............................................................................Date: ................................................................... | Institutional coordinator’s signature...........................................................................................Date: ................................................................................. |