Learning Agreement

Overseas Programs

Academic year: 20….../..…. Field of Study: ………………………..…………………

Name of student:

Sending Institution: Country:

Details of the proposed program of study abroad

Receiving Institution: Country:

|  |  |  |
| --- | --- | --- |
| Course unit code1. 2. 3. 4. 5. 6. 7. 8. 9. 10.  | Course unit titleIf necessary, continue the list on a separate sheet | Number of (ECTS) credits |

Student’s signature: Date:

**Sending Institution** SEAL

We confirm that this proposed program of study / learning agreement is approved.

Date: Place:

Coordinator’s name: Signature:

**Receiving Institution** SEAL

We confirm that this proposed program of study / learning agreement is approved.

Date: Place:

Coordinator’s name: Signature: