



LEARNING AGREEMENT

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 code	Course unit title	Number of (ECTS) credits
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
If necessary, continue the list on a separate sheet		

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: _____