LEARNING AGREEMENT/STUDY PLAN

ACADEMIC YEAR 20__/20__ **FIELD OF STUDY:** _____

Student's name: _____

Sending institution: _____

PROPOSED STUDY PROGRAMME

COURSE TITLE	**COURSE CODE**	**NUMBER OF ECTS CREDITS**

Date: _____ Student's signature: _____

SENDING INSTITUTION

We confirm that this proposed programme of learning agreement/study plan is approved:

Date: _____ Departmental/Institutional coordinator's signature: _____ Stamp/Seal:

RECEIVING INSTITUTION

We confirm that this proposed programme of learning agreement/study plan is approved:

Date: _____ Departmental/Institutional coordinator's signature: _____ Stamp/Seal: