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**LEARNING AGREEMENT**

**Academic year: 20…/20…**

**Field of study:**

**Study period: from to**

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| Name of student: Sending institution: Country: |

**Details of the proposed study programme abroad**

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| **Receiving institution**:  Country: |

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| **№** | **Course**  **Code if any** | **Course title** | **Semester** | **Receiving institution credits** | **ECTS credits** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
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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:** **Institutional coordinator’s signature:**  ------------------------------------------ --------------------------------------  Date:----------------------------------- Date: ------------------------------ |

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| **Receiving institution:**  We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved  **Departmental coordinator’s signature** **Institutional coordinator’s signature**  ------------------------------------------ --------------------------------------  Date:----------------------------------- Date: ------------------------------ |

**Changes to original proposed study programme/learning agreement**

(to be filled in only if appropriate)

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

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| **№** | **Course code if any** | **Course title (as indicated in the information package)** | **Semester** | **Deleted**  **course**  **unit**  **Х** | **Added**  **course**  **unit**  **✔** | **ECTS Credits** |
| 1 |  |  |  |  |  |  |
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| **Student’s signature**:....................................... **Date**:.................................... |

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| **Sending institution:** We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved **Departmental coordinator’s signature:** **Institutional coordinator’s signature:**  ------------------------------------------ --------------------------------------  Date:----------------------------------- Date: ------------------------------ |

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| **Receiving institution:**  We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved  **Departmental coordinator’s signature:** **Institutional coordinator’s signature:**  ------------------------------------------ ---------------------------------------  Date:----------------------------------- Date: ------------------------------ |