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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: ------------------------------ |