

LEARNING AGREEMENT INTERNATIONAL MOBILITY PROGRAM

Student's family name:	Name:
Email address:	
Name of institution: Universitas Indonesia	
Student Number at Universitas Indonesia:	
City & Country: Depok, Indonesia	

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

Receiving institution:

City & Country:

Period of study:

From: ____ (date) / ____ (month) ____ (year)

To: ____ (date) / ____ (month) ____ (year)

BEFORE MOBILITY

[illegible]

Student's signature:

Date:

SENDING INSTITUTION

We confirm that the proposed programme in this learning agreement is approved.

Academic Supervisor 's signature:

Date:

Head of Study Program/ Head of Department's signature:

Date: