## LEARNING AGREEMENT INTERNATIONAL MOBILITY PROGRAM

Name:

Email address:				
Name of institution: Universitas Indonesia				
Student Number at Universitas Indonesia:				
City & Country: Depok, Indonesia				
DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD				
DETRIES OF THE TROTOSED STODI TROGRESSIONE				
Receiving institution:				
Receiving institution:				
Receiving institution: City & Country:				

Student's family name:

## **BEFORE MOBILITY**

Planned	Planned Courses to be Taken at the Partner University				Proposed Courses for Transfer to the Home University			
Course Code (if applicable)	Course Name	Number of Credits	Credit Unit Category	Course Code (if applicable)	Course Name	Number of Credits	Credit Unit Category	

Student's signature:	
	Date:
SENDING INSTITUTION	
We confirm that the proposed	programme in this learning agreement is approved.
Academic Supervisor 's signa	uture:
	Date:
Head of Study Program/ Head	d of Department's signature: