LEARNING AGREEMENT
ACADEMIC YEAR 20..../20....

Name of student: .....

Sending institution:

..... Country: .....

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:

..... Country: .....

Course unit code (if any) and page n of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
	....	

if necessary, continue the list on a separate sheet
Fair translation of grades must be ensured and the student has been informed about the methodology

The level of language competence in _____ [indicate here the main language of instruction] that the student already has or agrees to acquire by the start of the study period is:
A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐ Native speaker ☐

Student's signature

..... Date: .....

SENDING INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved.

Signature Institute / Faculty Head

.....

Date: .....

Responsible person signature

.....

Date: .....

RECEIVING INSTITUTION

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

Signature Institute / Faculty Head

.....

Date: .....

Responsible person signature

.....

Date: .....

Name of student: .....

Sending institution:

..... Country: .....

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code (if any) a page no. of the informatio package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of credits
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....

if necessary, continue this list on a separate sheet

Student's signature

..... Date: .....

SENDING INSTITUTION

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Signature Institute / Faculty Head

.....

Date: .....

Responsible person signature

.....

Date: .....

RECEIVING INSTITUTION

We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Signature Institute / Faculty Head

.....

Date: .....

Responsible person signature

.....

Date: .....