

# LEARNING AGREEMENT

## ACADEMIC YEAR 2017 / 2018

Name of student:  
Sending Institution:  
Country:

Please list the courses chosen from the attached Course Outlines pack:

NAME OF MODULE	ECTS CREDITS
<b>TOTAL</b>	<b>ECTS</b>

Student's signature

Date:

### SENDING INSTITUTION

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

Departmental coordinator's signature      Institutional coordinator's signature

Date:

Date:

### RECEIVING INSTITUTION

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

Departmental coordinator's signature      Institutional coordinator's signature

Date:

Date: