

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
TOTAL	ECTS

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: