Learning Agreement

Name of the student: [Name]

Sending institution: [Institution name and Erasmus code]

Receiving institution: [Institution name, city, country]

Receiving institution’s coordinator: [Name]

Field of study:

Study period: dd.mm.yyyy – dd.mm.yyyy

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| At the receiving institution | | | At the sending institution | | |
| course code | course unit title | credits\* | course code | course unit title | credits\* |
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if necessary, continue the list on a separate sheet

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| Student’s signature: ……………………………………………………………………….. Date: ………………………………………. |
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| Sending institution  *I confirm that the proposed programme of study/learning agreement is approved.*  Coordinator’s signature: …………………………………………………………………. Date: ………………………………………. |
|  |
| Receiving institution  *I confirm that the proposed programme of study/learning agreement is approved.*  Coordinator’s signature: …………………………………………………………………. Date: ………………………………………. |

Changes to original learning agreement

(to be filled in ONLY if appropriate)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| course code | course title | deleted course | added course | credits\* |
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if necessary, continue the list on a separate sheet

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| Student’s signature: ……………………………………………………………………….. Date: ………………………………………. |
|  |
| Sending institution  *I confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.*  Coordinator’s signature: …………………………………………………………………. Date: ………………………………………. |
|  |
| Receiving institution  *I confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.*  Coordinator’s signature: …………………………………………………………………. Date: ………………………………………. |