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

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

|  |
| --- |
| Student’s signature: ……………………………………………………………………….. Date: ………………………………………. |
|  |
| 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 proposed study programme/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

|  |
| --- |
| 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: ………………………………………. |