



LIFELONG LEARNING PROGRAMME/ ERASMUS – ECTS

LEARNING AGREEMENT

Student's e-mail address:						
Sending Institution:		Cou	ıntry:			
ETAILS OF THE PR	OPOSED STUDY PR	OGRAMME ABROAD/LE	ARNING AGE	REEMENT		
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Receiving institution:	•••••	Country:				
Course unit code (if any) and	Course unit title (es ind	icated in the course catalogue)	Semester	Number o		
page no. of the information			(autumn/	ECTS		
package			spring)	credits		
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Student's signature		Date:	•••••	•••		
SENDING INSTITUT	ION					
We confirm that the learning	_					
Departmental coordinator's		Institutional coordinator's sign	nature			
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Date:		Date:				
RECEIVING INSTITU	JTION					
We confirm that the learning	a garaamant is accontad					
Departmental coordinator's		Institutional coordinator's sign	nature			
Departmental Coordinator 8	Signature	institutional coolumator 8 sign	iaiaiC			
Date:		Date:				

Name of stude	nt:						
Sending Institution:							
	CHANGES TO ORIGINAL LEARNING		IENT				
	(to be filled in ONLY if approp	riate)					
Course unit code and page no. of the course catalogue	Course unit (as indicated in the course catalogue)	Deleted course unit	Added course unit	Number of ECTS credits			
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If necessary, continue this list on a separate sheet							
Student's sign	ature Date:		••••				
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We confirm that the above-listed changes to the initially accepted learning agreement are approved.							
Departmental coordinator's signature Institutional coordinator's signature							
Date: Date:							
RECEIVING INSTITUTION							
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We confirm that the above-listed changes to the initially accepted learning agreement are approved. Departmental coordinator's signature Institutional coordinator's signature							
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