ECTS - EUROPEAN CREDIT TRANSFER SYSTEM LEARNING AGREEMENT

ACADEMIC YEAR 20..../20.... - FIELD OF STUDY:

Name of student:		
Sending institutio	n: Country:	
DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT		
Receiving institution: Country:		
Course unit code	Course unit title	Number of ECTS credits
(if any) + page no. of the information package	(as indicated in the information package)	
If necessary, continue the list an a separate sheet.		
Student's signature		
Date:		
OFNIDING INGTI	FUTION	
SENDING INSTITUTION We confirm that the proposed programme of study/learning agreement is approved.		
Departmental coordinator's signature Institutional coordinator's signature		coordinator's signature
Date:		
RECEIVING INSTITUTION		
We confirm that this proposed programme of study/learning agreement is approved.		
Departmental coordinator's signature Institutional coordinator's signature		
Date: Date:		
Date		