Sending Instituti on's logo



ECTS – EUROPEAN CREDIT TRANSFER - LEARNING AGREEMENT ACADEMIC YEAR _____ / ____

Student's name	Birth date (yy/mm/dd)					
Sending Institution						
Postal Address	Country					
Receiving Institution						
Postal Address	Country					
DETAILS OF PROPOSED STUDIES ABROAD SEMESTER 1						
Course Unit Code or equivalent	Programme or Course title/name	Number of credits				
SEMESTER 2						
Course Unit Code or equivalent	Programme or Course title/name	Number of credits				
Student's signature: Date:						
SENDING INSTITUTION						
We confirm that the learning agreement is accepted.						
Departmental coordinator's signature Institutional coordinator's signature						
Date:						

RECEIVING INSTITUTION

Departmental coordina	itor's signature	Institutional coordinator's signature Date:			
Date:	Date:				
Name of student:					
Country:					
CHANCES TO ODIC	INAL DRODOSED STUDY DROG	DAMME/LEAD	DNING ACD	EEMENT	
CHANGES TO ORIG	INAL PROPOSED STUDY PROG	RAMME/LEAR	INING AGR	EEMENI	
Student's name					
Sending Institution:	(Country:			
Course Unit Code or equivalent	Programme or Course title/name	Deleted course unit	Added course unit	Number of ECTS credits	
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			_		
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			_ _ _		

Student's signature:		Date:
SENDING INSTITUTION		
We confirm that the learning agreement is accepted.		
Departmental coordinator's signature		Institutional coordinator's signature
		_
Date:	Date:	
RECEIVING INSTITUTION		
We confirm that the learning agreement is accepted.		
Departmental coordinator's signature		Institutional coordinator's signature
		· ·
	_	
Date:	Date:	