

Sending  
Institution  
on's logo



**EUROWEB**

European Research and Education Collaboration  
with Western Balkan



European Commission  
**ERASMUS  
MUNDUS**

**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: \_\_\_\_\_

Date: \_\_\_\_\_



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: \_\_\_\_\_