

LEARNING AGREEMENT (Undergraduate and Masters Level)

ACADEMIC YEAR: **STUDY PERIOD: From**.....**To**.....
FIELD OF STUDY:.....

Full Name of Student:

.....

Sending Institution.....Country:.....

DETAILS OF THE PROPOSED STUDY PROGRAMME

Receiving Institution:.....Country:.....

IMPORTANT: Please make sure you choose modules of relevance to your study programme at your home university so that the study carried out during your mobility will be recognised and is counted towards your degree.

Module Code (if applicable)	Module Title	Number of ECTS or equivalent
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If necessary, please continue on a separate sheet

Student's Signature:.....Date:.....

SENDING INSTITUTION

We confirm that the proposed Learning Agreement is approved and will be recognised at our university once the student returns from his/her mobility.

Academic – Faculty/Department Level

EU-METALIC II Contact Person (Home Univ.)

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Date: ___ / ___ / _____

Date: ___ / ___ / _____

RECEIVING INSTITUTION (signatures to be obtained at start of mobility)

We confirm that the proposed Learning Agreement is part of the curriculum at our university and these courses/modules can be offered to the student.

Academic – Faculty/Department Level

EU-METALIC II Contact Person (Host Univ.)

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Date: ___ / ___ / _____

Date: ___ / ___ / _____

