

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 INSTIUTION

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 Contact Person (Home Univ.)

.....

.....

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 Contact Person (Host University)

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Date: ___ / ___ / _____

Date: ___ / ___ / _____

CHANGES TO ORIGINALLY PROPOSED LEARNING AGREEMENT

Module Code (if applicable)	Module Title	Deleted Module	Added Module	No. of ECTS or equivalent
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If necessary, please continue on a separate sheet

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

SENDING INSTIUTION	
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 Contact Person (Home Univ.)
.....
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 Contact Person (Host University)
.....
Date: __ / __ / ____	Date: __ / __ / ____