ECTS-EUROPEAN CREDIT TRANSFER SYSTEM
LEARNING AGREEMENT
ACADEMIC YEAR 20…./20…. – FIELD OF STUDY:……..

Name of student:…… – ID number:……..

Sending institution:..... – Country: .....

Receiving institution: …….. – Country: ……

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD – LEARNING AGREEMENT

Course Unit Code	Course Unit Title **HOME INSTITUTION**	Number of Credits	Course Unit Code	Course Unit Title **HOST INSTITUTION**	Number of Credits

If necessary, continue on a separate sheet.

Student's signature: Date:

SENDING INSTITUTION
We approve the proposed programme of study/learning agreement.

Departmental Coordinator's Signature	Faculty Coordinator's Signature (RAM) [if applicable]	Institutional Coordinator's Signature
……	……...	……..
Date:	Date:	Date:

RECEIVING INSTITUTION
We approve the proposed programme of study/learning agreement.

Departmental Coordinator's Signature	Faculty Coordinator's Signature (RAM) [if applicable]	Institutional Coordinator's Signature
……	……...	……..
Date:	Date:	Date:

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