



LLP-ERASMUS LEARNING AGREEMENT

ACADEMIC YEAR 200_/200_ FIELD OF STUDY:.....

Name of Student:

Sending institution:

Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT (print or block letters!)

Receiving institution:

Country:

Course unit code and page no. of the information package (if applicable)	Course unit title (as indicated in the information package) in order of priority and semester	Semester 1 = WS 2 = SS	Numbers of ECTS credits

If necessary, continue this list on a separate sheet

Student's signature

.....

Date:.....

SENDING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

(print name).....

(print name).....

Date:

Date:.....

RECEIVING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

(print name).....

(print name).....

Date:.....

Date:.....

