



**ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM  
LEARNING AGREEMENT**

Academic year: 20\_\_/20\_\_

Field of study: .....

Name of student: .....	
Sending institution.....	Country .....

**DETAILS OF THE PROPOSED PROGRAMME ABROAD / LEARNING AGREEMENT**

Receiving institution.....	Country .....
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Course unit code (if any) and page no. of information package	Course unit title (corresponding courses at AFS - minimum 70% compatible)	Number of ECTS credits
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	..... if necessary, continue the list on separate sheet	.....

Fair translation of grades must be ensured and the student has been informed about the methodology.

Student signature.....	Date .....
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**SENDING INSTITUTION**

We confirm that the above - listed changes to the initially agreed programme of study / learning agreement are approved.

Date: .....

Date: .....

Place:.....

Place:.....

Departmental coordinator's signature:

Institutional coordinator's signature:

.....

.....

**RECEIVING INSTITUTION**

We confirm that the above - listed changes to the initially agreed programme of study / learning agreement are approved.

Date: .....

Date: .....

Place:.....

Place:.....

Departmental coordinator's signature:

Institutional coordinator's signature:

.....

.....

Name of student: .....

Sending institution..... Country .....

**CHANGES TO THE ORIGINAL PROPOSED STUDY PROGRAMME / LEARNING AGREEMENT**

(to be filled in ONLY if appropriate )

Course unit code (if any) and page no. of information package	Course unit title (corresponding courses at AFS - minimum 70% compatible)	Deleted course unit	Added course unit	Number of ECTS credits
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
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.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
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.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
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.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....

if necessary, continue this list on separate sheet

Student signature.....	Date .....
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**SENDING INSTITUTION**

We confirm that the above - listed changes to the initially agreed programme of study / learning agreement are approved.

Date: .....

Date: .....

Place:.....

Place:.....

Departmental coordinatr's signature:

Institutional coordinatr's signature:

.....

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Date: .....

Date: .....

Place:.....

Place:.....

Departmental coordinator's signature:

Institutional coordinator's signature:

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