

LEARNING AGREEMENT

Course selection form

Name of student			
Home institution			
Study programme at home institution		Study level	
Country			

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Course unit code (if any)	Course unit title	ECTS credits

Student's signature	Place and date

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.	
SENDING INSTITUTION signature	RECEIVING INSTITUTION signature
Date:	Date:

CHANGES TO THE LEARNING AGREEMENT

Name of student			
Home institution			
Study programme at home institution		Study level	
Country			

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT (to be filled in ONLY if appropriate)

Course unit code (if any)	Course unit title	Deleted course unit	Added course unit	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"/>	

Student's signature	Place and date

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