

MOBILITY PROGRAMME Learning Agreement

Academic year:

Field of study:.....

Name of Student:..... Sending Institution:..... Country:.....

DETAILS OF THE PROPOSED STUDY PROGRAMME

Receiving Institution:..... Country:.....

Course Unit Code (if any)	Course Unit Title (as indicated in the information pack)	Number of ECTS Credits

If necessary, continue this list on a separate sheet or back

Student's signature:	Date:
----------------------------	-------------

SENDING INSTITUTION

We confirm that this proposed Programme of study/Learning Agreement is approved. Departmental Co-ordinator's signature Date:
--

RECEIVING INSTITUTION

We confirm that this proposed Programme of study/Learning Agreement is approved. Departmental Co-ordinator's signature Date:
--