

Name of student:

Sending institution: Country:

Study programme at DIT: Semester:

[illegible]

Student's signature: Date:	
SENDING INSTITUTION (Home University) We confirm that the proposed programme of study/learning agreement is approved. Departmental / Institutional Coordinator's signature Date:	RECEIVING INSTITUTION (DIT) We confirm that the proposed programme of study/learning agreement is approved. Departmental / Institutional Coordinator's signature Date: