

LEARNING AGREEMENT

**ACADEMIC YEAR STUDY PERIOD: From..... To.....
FIELD OF STUDY:**

Name of student:

Sending institution:Country:... Turkey.....

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: Country:.....

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits	Number of SU credits*	SU Course Type equivalent

Student's signature Date:

SENDING INSTITUTION

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

Departmental coordinator's name:

.....

Institutional coordinator's name:

.....

Signature

Signature

Date:

Date:

RECEIVING INSTITUTION

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

Departmental coordinator's name:

.....

Institutional coordinator's name:

.....

Signature

Signature

Date:

Date:

Name of student:

Sending institution:Country:.....

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits	Number of SU credits	SU Course Type equivalent

if necessary, continue this list on a separate sheet

Student's signature Date:

SENDING INSTITUTION

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

Departmental coordinator's name:

Signature

Date:

Institutional coordinator's name:

Signature

Date:

RECEIVING INSTITUTION

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

Departmental coordinator's name:

Signature

Date:

Institutional coordinator's name:

Signature

Date: