

ECTS - EUROPEAN CREDIT TRANSFER SYSTEM

LEARNING AGREEMENT

ACADEMIC YEAR 200..../200.... - FIELD OF STUDY:

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

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

if necessary, continue the list on a separate sheet

Student's signature Date:

SENDING INSTITUTION

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

Program coordinator's signature

Institutional coordinator's signature

Part

RECEIVING INSTITUTION

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

Program coordinator's signature

Institutional coordinator's signature

Figure 1 The relationship between the number of patients with a history of stroke and the number of patients with a history of hypertension.

Part

Name of student:

Sending institution:

..... Country:

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

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.

Program coordinator's signature

Institutional coordinator's signature

.....

.....

RECEIVING INSTITUTION

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

Program coordinator's signature

Institutional coordinator's signature

Date:

Date: