

## 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: .....

[illegible]

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

.....

.....

Date: .....

Date: .....

## RECEIVING INSTITUTION

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

Program coordinator's signature

Institutional coordinator's signature

.....

.....

Date: .....

Date: .....



**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

.....

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Date: .....

Date: .....