**Annex III.2**

**Slovene Scholarship Fund SI04, EEA and NFM**

**ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM**

**LEARNING AGREEMENT**

**Academic year 20..../20....**

**Study period: from …. to ….**

**Field of study: ...........................**

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| --- |
| Name of student: ..................................................................................................................................................................  Sending institution:  **UNIVERSITY OF MARIBOR** Country: **SLOVENIA** |

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT**

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| --- |
| Receiving institution:  ....................................................................................... Country: ............................................................ |

|  |  |  |
| --- | --- | --- |
| Course unit code (if any) and page no. of the course catalogue  .........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  ........................................................ | Course unit title (as indicated in the course catalogue)  .................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................. if necessary, continue the list on a separate sheet | Number of ECTS credits  .............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  ....................................................... |

Fair translation of grades must be ensured and the student has been informed about the methodology.

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| Student’s signature \*  ............................................................................... Date: .................................................................................. |

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| --- | --- |
| **SENDING INSTITUTION**  We confirm that the proposed programme of study/learning agreement is approved. | |
| Departmental coordinator’s signature  .............................................................................  Date: ................................................................... | Institutional coordinator’s signature  ..................................................................................................  Date: ................................................................................ |

|  |  |
| --- | --- |
| **RECEIVING INSTITUTION**  We confirm that this proposed programme of study/learning agreement is approved. | |
| Departmental coordinator’s signature  .............................................................................  Date: ................................................................... | Institutional coordinator’s signature  ...................................................................................................  Date: ................................................................................ |

\* The student keeps the document with the original signatures, the sending and receiving institutions have to keep a copy or a scan.

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| Name of student: .............................................................................................................................................................  Sending institution:  **UNIVERSITY OF MARIBOR** Country: **SLOVENIA** |

**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 course catalogue  ...............................  ...............................  ...............................  ...............................  ...............................  ...............................  ...............................  ............................... | Course unit title (as indicated in the course catalogue)  ..............................................  ..............................................  ..............................................  ..............................................  ..............................................  ..............................................  ..............................................  .............................................. | Deleted  course  unit | Added  course  unit | Number of  ECTS credits  .......................  .......................  .......................  .......................  .......................  .......................  .......................  ....................... |

If necessary, continue this list on a separate sheet.

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| Student’s signature  .......................................................................................... Date: .......................................................... |

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| --- | --- |
| **SENDING INSTITUTION**  We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved. | |
| Departmental coordinator’s signature  .............................................................................  Date: .................................................................... | Institutional coordinator’s signature  .........................................................................................  Date: ............................................................................... |

|  |  |
| --- | --- |
| **RECEIVING INSTITUTION**  We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved. | |
| Departmental coordinator’s signature  .............................................................................  Date: .................................................................... | Institutional coordinator’s signature  .........................................................................................  Date: ............................................................................... |