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|  | **LEARNING AGREEMENT**  **Academic year 20\_\_\_/20\_\_\_\_**  **Field of study:**  **Study period:** |

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| Name of student:  **Sending institution:**  Country: |

**Details of the proposed study program abroad**

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| Receiving institution:  Country: |

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| **Course** **Code if** **any** | **Course title** | **Semester** | **Receiving** **institution credits** | **ECTS** **credits** |
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| Student’s signature: .................... Date: ......................... |

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| **Sending institution:** **We confirm that the proposed program of study/learning agreement** **is approved** Departmental coordinator’s signature   Institutional coordinator’s signature  ------------------------------------- -------------------------------------  Date: ------------------------------  Date -------------------------------- |

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

**Do not fill until you have some changes after confirmation from both sides!**

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|  | **Changes to original proposed study program/learning agreement** (to be filled in only if appropriate) |

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| Name of student: |
| **Sending institution:**  Country: |

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| **Course code** **if any** | **Course title** **(as indicated in** **the information** **package)** | **Semester** | **Deleted Added** **course course** **unit unit** | **ECTS Credits** |
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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** **program of study/learning agreement are approved** Departmental coordinator’s signature   Institutional coordinator’s signature  Date: ----------------------------  Date: --------------------------------- |

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