**LEARNING AGREEMENT**

**ACADEMIC YEAR 20…/20…**

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

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| --- | --- | --- | --- | --- |
|  | **Course title** | **Name of lecturer** | **Course type\*** | **ECTS** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| Total | | | |  |

\* Choose one: tutorial, workshop, class, lecture, foreign language class

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

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| **SENDING INSTITUTION**  International Relations Office coordinator’s signature Dean’s signature  Date: Date:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **RECEIVING INSTITUTION**  International Relations Office coordinator’s signature Dean’s signature  Date: Date: |