

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

LEARNING AGREEMENT

(ACADEMIC YEAR 201../201.. - FIELD OF STUDY:.....)

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| Name of student: Sending institution: Country: |
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DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

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| Receiving institution: Country: |
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| Course unit code (if any) | Course unit title (as indicated in the information package) | Number of ECTS credits |
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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.

Departmental coordinator's signature

Institutional coordinator's signature

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.....

Date:

Date:

RECEIVING INSTITUTION

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

Departmental coordinator's signature

Institutional coordinator's signature

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.....

Date:

Date:



CENTRAL OSTROBOTHNIA UNIVERSITY OF APPLIED SCIENCES

Name of student:

Sending institution: Country:

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 information package | Course unit title (as indicated in the information package) | Course deleted | Course added | Number of ECTS credits |
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Student's signature:

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Date: