LEARNING AGREEMENT

Name of student: ............................................................................................................

Sending institution: ........................................................................................................
Country: ..........................................

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: ........................................................................................................
Country: ..........................................

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If necessary, continue the list on a separate sheet
**SENDING INSTITUTION**

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

Departmental coordinator's signature

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Institutional coordinator’s signature

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Date: ....................................................               Date: ..............................................

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**RECEIVING INSTITUTION**

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

Departmental coordinator's signature

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Institutional coordinator’s signature

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Date: ....................................................               Date: ..............................................
Name of student: ............................................................................................................
Sending institution: .................................................................................................... Country: .................................

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

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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
..........................................................................................               ..........................................................
Date: ....................................................               Date: ...............................................