

## ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM LEARNING AGREEMENT

### Academic Year

|                           |
|---------------------------|
| Name of student: .....    |
| Sending institution:..... |
| Field of study:.....      |
| Country: .....            |

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

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

| Course unit code (if any) and page no. of the information package | Course unit title (as indicated in the information package) | Number of ECTS credits | Duration of course unit (Y / S / T) |
|---|---|------------------------|-------------------------------------|
|   |   |                        |                                     |
|   |   |                        |                                     |
|   |   |                        |                                     |
|   |   |                        |                                     |
|   |   |                        |                                     |
|   |   |                        |                                     |
|   |   |                        |                                     |
|   |   |                        |                                     |
|   | ...if necessary, continue this list on a separate sheet ... |                        |                                     |

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

|                           |            |
|---------------------------|------------|
| Student's signature:..... | Date:..... |
|---------------------------|------------|

|   |  |
|---|--|
| <b>SENDING INSTITUTION</b>  |  |
| We confirm that the proposed programme of study/learning agreement is approved. |  |
| Faculty ECTS coordinator's signature<br>.....                                   | Institutional coordinator's signature<br>..... |
| Date: .....   | Date: .....                                    |

|  |  |
|--|--|
| <b>RECEIVING INSTITUTION</b>   |  |
| We confirm that this proposed programme of study/learning agreement is approved. |  |
| Faculty ECTS coordinator's signature<br>.....                                    | Institutional coordinator's signature<br>..... |
| Date: .....  | Date: .....                                    |

## 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) | Deleted course unit | Added course unit | Number of ECTS credits |
|---|---|---------------------|-------------------|------------------------|
|   |   |                     |                   |                        |
|   |   |                     |                   |                        |
|   |   |                     |                   |                        |
|   |   |                     |                   |                        |
|   |   |                     |                   |                        |
|   |   |                     |                   |                        |
|   |   |                     |                   |                        |
| if necessary, continue this list on a separate sheet.....         |   |                     |                   |                        |

**Student's signature:**..... **Date:** .....

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

**RECEIVING INSTITUTION**  
We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.  
Faculty ECTS coordinator's signature ..... Institutional coordinator's signature .....  
Date: ..... Date: .....

**CHANGES to the previously agreed duration of stay**  
Previously agreed month of arrival: ..... and month of departure:.....  
I wish to prolong my stay for ..... months; that is until the month of .....  
Student's signature: ..... Date: .....