

# ECTS – EUROPEAN CREDIT TRANSFER SYSTEM

## LEARNING AGREEMENT

**ACADEMIC YEAR 20 /20 – FIELD OF STUDY:**

Name of student:
Sending institution:
Country:

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

Receiving institution:
Country:

Course unit code (if any)	Course unit title	Number of ECTS credits	selected courses (mark with x)
W1	Academic research and writing 2	6	
WM 11.1.1.x	Career management	5	
W1	Commercial negotiation	6	
W	Employability and lifelong learning	6	
WM 1.1.2.x	Export marketing	5	
W	Principles of communication	6	
W1	Principles of health and safety	6	

If necessary, continue this list on a separate sheet

Student's signature .....	Date:
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### SENDING INSTITUTION

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

Departmental coordinator's signature  
.....

Institutional coordinator's signature  
.....

Date:

Date:

### RECEIVING INSTITUTION

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

Departmental coordinator's signature  
.....

Institutional coordinator's signature  
.....

Date:

Date:

Name of student:

Sending institution:

Country:

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**

(to be filed 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
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

If necessary, continue this list on a separate sheet

Student's signature

Date:

**SENDING INSTITUTION**

We hereby confirm the above-listed **changes** to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

Date:

Date:

**RECEIVING INSTITUTION**

We hereby confirm the above-listed **changes** to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

Date:

Date: