

LEARNING AGREEMENT DEFINITIU

PROGRAMA PROPI
ACADEMIC YEAR 20.../20...

Name of student:
.....

Sending institution:
..... Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:
..... Country:

HOME UNIVERSITY			HOST UNIVERSITY		
Course unit code (if any)	Course title	Number of ECTS	Course unit code (if any)	Course title	Number of ECTS

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
.....
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: