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| **ECTS - EUROPEAN CREDIT TRANSFER SYSTEM** | |  | |  | | | | |
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| **PRELIMINARY LEARNING AGREEMENT** | | | | | |  |  |  |
| This application should be filled in electronically! | | | | | | | | |
|  | | |  |  |  |  |  |  |
| TIME OF STUDY PERIOD ABROAD (dd/mm/yyyy): \_\_\_\_\_/\_\_\_\_\_20\_\_\_\_\_ - \_\_\_\_\_/\_\_\_\_\_20\_\_\_\_\_ | | | | | | |  |  |
| FIELD OF STUDY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |  |  |  |
|  |  | | |  |  |  |  |  |
| Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |  |  |  |
| Name of sending institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |  |  |  |
| Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  |  |  |  |
| Name of receiving institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |  |  |  |
| Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  |  |  |  |
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| **DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD** | | | | | | | |  |
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| **Course unit code at the receiving institution** | **Course unit title at the receiving institution** | **ECTS** | **Semester**  autumn/  spring | **Course unit code the sending institution** | **Course unit title at the sending institution** | **ECTS** |
|  | 1. |  |  |  | 1. |  |
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| **STUDENT**  I agree to report any changes to this agreement to my home institution during my stay abroad  **Name of student:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Student's signature:** | | |  |
|  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Date: |  |  |  |
| **SENDING INSTITUTION** | |  |  |
| We confirm that this proposed programme of study/learning agreement is approved: | | |  |
|  |  |  |  |
| **Name of Responsible person\* at the Sending Institution:** | |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of** **Responsible person at the Sending Institution:** |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Date:      \*Responsible person at the sending institution: an academic who has the authority to approve the learning agreement of outbound students,  to amend it when needed, as well as to guarantee full recognition of such programme on behalf of the responsible academic body. | | |  |
|  |
|  |
| **RECEIVING INSTITUTION** | |  |  |
| We confirm that this proposed programme of study/learning agreement is approved: | | |  |
|  |  |  |  |
|  | |  |  |
| **Name of Responsible person at the Receiving Institution:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of** **Responsible person at the Receiving Institution:** |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Date: |  |  |  |
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