**LEARNING AGREEMENT FOR FREE MOVER STUDENTS**

Academic year 20..../20....

Study period: from …. to ….

Field of study: ...........................

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

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

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

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| --- | --- | --- | --- | --- | --- |
| Course unit code (if any) and page no. of the course catalogue  ................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  ...................................................................................................... | Course unit title (as indicated in the course catalogue)  ................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  if necessary, continue the list on a separate sheet | | Number of ECTS credits  ........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  ……………………………...... | | |
| Student’s signature............................................................................Date: ...................................................... | | | | | |
| SENDING INSTITUTION  We confirm that the proposed programme of study/learning agreement is approved. | | | | |
| Departmental coordinator’s signature  .............................................................................  Date: ................................................................... | | Institutional coordinator’s signature  ..........................................................................................  Date: ................................................................................ | | |
| RECEIVING INSTITUTION  We confirm that this proposed programme of study/learning agreement is approved. | | | | |
| Departmental coordinator’s signature  ..............................................................................  Date: ................................................................... | | Institutional coordinator’s signature  ...........................................................................................  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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| Course unit code (if any) and page no. of the course catalogue  ...............................  ...............................  ...............................  ...............................  ...............................  ...............................  ...............................  ...............................  ...............................  ...............................  …………………… | Course unit title (as indicated in the course catalogue)  ………………………………….  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ............................................... | 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. | |
| Departmental coordinator’s signature  .............................................................................  Date: .................................................................... | Institutional coordinator’s signature  .........................................................................................  Date: ............................................................................... |
| RECEIVING INSTITUTION  We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved. | | |
| Departmental coordinator’s signature  ..............................................................................  Date: .................................................................... | Institutional coordinator’s signature  ...........................................................................................  Date: ................................................................................. | |