**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 INSTITUTIONWe confirm that the proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s signature.............................................................................Date: ................................................................... | Institutional coordinator’s signature..........................................................................................Date: ................................................................................ |
|  RECEIVING INSTITUTIONWe 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)…………………………………....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... | Deletedcourseunit🞏🞏🞏🞏🞏🞏🞏🞏🞏 | Addedcourseunit🞏🞏🞏🞏🞏🞏🞏🞏🞏 | Number of ECTS credits................................................................................................................................................................................................................................................ |

if necessary, continue this list on a separate sheet

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| --- |
| Student’s signature..................................................................... Date: .......................................................... |
| SENDING INSTITUTIONWe 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 INSTITUTIONWe 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: ................................................................................. |