**Annex V.2**

**Erasmus Programme**

**ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM**

**LEARNING AGREEMENT**

**Academic Year 20**…......**/20**……...

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

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| Name of student: ....................................................................................................................................................................  Student’s e-mail address:…………………………………………………………………………………………………….  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 information package  ..........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  .................................................................  ................................................................................................................................. | Course unit title (as indicated in the information package)  ...............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  if necessary, continue the list on a separate sheet | Number of ECTS credits  .........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  ................................................................................................................................................................................. |

Fair translation of grades must be ensured and the student has been informed about the methodology

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| Student’s signature  .......................................................................................... Date: ................................................................................. |

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| |  |  | | --- | --- | | **SENDING INSTITUTION**  We confirm that the proposed programme of study/learning agreement is approved. | | | Departmental coordinator’s signature  ...........................................................................  Date: .................................................................. | Institutional coordinator’s signature  .............................................................................  Date: .................................................................................. | |

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| **RECEIVING INSTITUTION**  We confirm that the proposed programme of study/learning agreement is approved. | |
| Departmental coordinator’s signature  .............................................................................  Date: ................................................................... | Institutional coordinator’s signature  ......................................................................................  Date: ............................................................................ |

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| 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 information package  ........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... | Course unit title (as indicated in the information package)  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ............................................... | Deleted  course  unit                         | Added  course  unit                         | Number of  ECTS credits  ........................  ........................  ........................  ........................  ........................  ........................  ........................  ........................  ........................  ........................  ........................  ........................ |

if necessary, continue this list on a separate sheet

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| Student’s signature  .......................................................................................... Date: ............................................................................. |

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| **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: ........................................................................ |

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| **RECEIVING 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: ........................................................................... |