**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).................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... | Deletedcourseunit           | Addedcourseunit           | Number ofECTS 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: ........................................................................... |