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|  | **LEARNING AGREEMENT****Academic year 20\_\_\_/20\_\_\_\_** **Field of study:** **Study period:** |

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

**Details of the proposed study program abroad**

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| Receiving institution: Country:   |

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| **Course****Code if****any** | **Course title** | **Semester** | **Receiving****institution credits** | **ECTS****credits** |
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| Student’s signature: .................... Date: ......................... |

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| **Sending institution:****We confirm that the proposed program of study/learning agreement****is approved**Departmental coordinator’s signature   Institutional coordinator’s signature------------------------------------- ------------------------------------- Date: ------------------------------  Date -------------------------------- |

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| **Receiving institution:**We confirm that the above-listed changes to the initially agreed program ofstudy/learning agreement are approvedDepartmental coordinator’s signature          Institutional coordinator’s signature-------------------------------------          -----------------------------------Date: -------------------------------    Date: ---------------------------------- |

**Do not fill until you have some changes after confirmation from both sides!**

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|  | **Changes to original proposed study program/learning agreement**(to be filled in only if appropriate) |

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

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| **Course code****if any** | **Course title****(as indicated in****the information****package)** | **Semester** | **Deleted Added****course course****unit unit** | **ECTS Credits** |
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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****program of study/learning agreement are approved**Departmental coordinator’s signature   Institutional coordinator’s signature Date: ----------------------------  Date: --------------------------------- |

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| **Receiving institution:**We confirm that the above-listed changes to the initially agreed programof study/learning agreement are approvedDepartmental coordinator’s signature   Institutional coordinator’s signature------------------------------------   ------------------------------------Date: ----------------------------- Date: --------------------------------- |