**Higher Education**

**Learning Agreement for Studies for 2024-2025 Academic Year**

 **Student’s name:**

 **Study cycle:**

 **Filed of Education/faculty:**

 **Sending Institution:**

 **Receiving Institution:**

 **Details of the proposed study program abroad**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **№** | **Course title****at receiving Institution** | **Semester** | **Number of ECTS credits at Receiving Institution**  | **Recognition of subjects****at the Sending Institution** | **Recognition of ECTS credits** **at the Sending Institution** |
|  |  |  |  |  |  |

|  |
| --- |
| Before the Mobility  |

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

Responsible person at the Sending institution:

**We confirm that the proposed program of study/learning agreement is approved**

Signature: Date:

------------------------------------ ------------------------------

Head of Quality Assurance Center of the Faculty

------------------------------------------------------------------------------------------------------------------------------------------

Responsible person at the Receiving institution:

**We confirm that the proposed programme of study/learning agreement is approved**

Signature:

 Date:

------------------------------------ ------------------------------

**Changes to original proposed study program/learning agreement**

|  |
| --- |
| During the Mobility  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **№** | **Course title at Receiving Institutions** | **Semester** | **Number of ECTS credits at Receiving Institution**  | **Recognition of subjects****at the Sending Institution** | **Recognition of ECTS credits** **at the Sending Institution** |
|  |  |  |  |  |  |

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

Responsible person at the Sending institution:

**We confirm that the above-listed changes to the initially agreed program of study/learning agreement are approved**

 Signature: Date:

------------------------------------ ------------------------------

Head of Quality Assurance Center of the Faculty

Responsible person at the Receiving institution:

**We confirm that the above-listed changes to the initially agreed program of study/learning agreement are approved**

Signature: Date:

------------------------------------ -------------------------------