**Higher Education**

**Learning Agreement for Studies for 2025-2026 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:

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Head of Quality Assurance Center of the Faculty

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Responsible person at the Receiving institution:

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

Signature:

Date:

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