Name of student: …………………………………………………………………...……………… ……...……

Sending institution:
………………………………………………………………… Country: …………………………………………

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:
………………………………………………………………… Country: …………………………………………

Programme of study in receiving institution: ……………………………… Year/semester(s): ……….....

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<tr>
<th>Course unit/subject title (as indicated in the ECTS information package or institute prospectus)</th>
<th>Number of ECTS credits to be taken</th>
<th>Number of contact hours per week</th>
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If necessary, continue this list on a separate sheet

Student’s signature
………………………………………………………………… Date: …………………………………...……

SENDING INSTITUTION
We confirm that this proposed programme of study/learning agreement is approved.

Departmental Co-ordinator’s signature: Institutional Co-ordinator’s signature:
………………………………………………………………… ..............................................................

Date: ……………………………………………….. Date: ………………………… ………….……...

RECEIVING INSTITUTION
We confirm that this proposed programme of study/learning agreement is approved.

Departmental Co-ordinator’s signature: Institutional Co-ordinator’s signature:
………………………………………………………………… ..............................................................

Date: ……………………………………………….. Date: ………………………… ………….……...