

# EXCHANGE Programme

## ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM LEARNING AGREEMENT

Academic Year: \_\_\_\_\_ Field of study: \_\_\_\_\_

Name of student: \_\_\_\_\_  
Sending institution: \_\_\_\_\_ Country: \_\_\_\_\_

### DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: \_\_\_\_\_ Country: \_\_\_\_\_

| Course unit code (if any) | Course unit title | Number of ECTS credits |
|---------------------------|-------------------|------------------------|
| _____                     | _____             | _____                  |
| _____                     | _____             | _____                  |
| _____                     | _____             | _____                  |
| _____                     | _____             | _____                  |
| _____                     | _____             | _____                  |
| _____                     | _____             | _____                  |
| _____                     | _____             | _____                  |
| _____                     | _____             | _____                  |
| _____                     | _____             | _____                  |
| _____                     | _____             | _____                  |

if necessary, continue the list on a separate sheet

Fair translation of grades must be ensured and the student has been informed about the methodology.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SENDING INSTITUTION

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

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Place: \_\_\_\_\_

Departmental coordinator's signature: \_\_\_\_\_ Institutional coordinator's signature: \_\_\_\_\_

### RECEIVING INSTITUTION

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

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Place: \_\_\_\_\_

Departmental coordinator's signature: \_\_\_\_\_ Institutional coordinator's signature: \_\_\_\_\_

Name of student: \_\_\_\_\_

Sending institution: \_\_\_\_\_ Country: \_\_\_\_\_

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**  
 (to be filled in ONLY if appropriate)

| Course unit code<br>(if any) | Course unit title | Deleted<br>course<br>unit | Added<br>course<br>unit | Number of<br>ECTS credits |
|------------------------------|-------------------|---------------------------|-------------------------|---------------------------|
| _____                        | _____             |                           |                         | _____                     |
| _____                        | _____             |                           |                         | _____                     |
| _____                        | _____             |                           |                         | _____                     |
| _____                        | _____             |                           |                         | _____                     |
| _____                        | _____             |                           |                         | _____                     |
| _____                        | _____             |                           |                         | _____                     |
| _____                        | _____             |                           |                         | _____                     |
| _____                        | _____             |                           |                         | _____                     |
| _____                        | _____             |                           |                         | _____                     |
| _____                        | _____             |                           |                         | _____                     |
| _____                        | _____             |                           |                         | _____                     |

if necessary, continue this list on a separate sheet

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SENDING INSTITUTION**

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

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Place: \_\_\_\_\_

Departmental coordinator's signature: \_\_\_\_\_ Institutional coordinator's signature: \_\_\_\_\_

**RECEIVING INSTITUTION**

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

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Place: \_\_\_\_\_

Departmental coordinator's signature: \_\_\_\_\_ Institutional coordinator's signature: \_\_\_\_\_