## EXCHANGE STUDENT LEARNING AGREEMENT

Academic year: Institute/Faculty/School: Department :

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| Name of student :Sending institution : Country:  |

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT:**

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| Home Institution | Host Institution |
| Course unit code | Course unit title | Number of Credits | Number of ECTS credits | Course unit code | Course unit title | Number of ECTS credits |
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Student’s’ signature: ............................................................................. Date: …………………………………………………………

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| **HOME INSTITUTION:** We confirm that this programme of study/learning agreement is approved  Department Coordinator’s Signature Institutional Coordinator’s Signature (Name Surname/Signature/Date) (Name Surname/Signature/Date) |
| **HOST INSTITUTION:** We confirm that this programme of study/learning agreement is approved   Department coordinator’s signature Institutional coordinator’s signature (Name Surname/Signature/Date) (Name Surname/Signature/Date) |