



Education and Culture DG

lifelong learning Programme



LIFELONG LEARNING PROGRAMME/ ERASMUS – ECTS

LEARNING AGREEMENT

ACADEMIC YEAR: 20...../ 20..... STUDY PERIOD: fromto

FIELD OF STUDY:

Name of student:
Student's e-mail address:
Sending Institution: Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving Institution: Country:

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the course catalogue)	Semester (autumn/spring)	Number of ECTS credits
.....
.....
.....
.....

Student's signature..... Date

SENDING INSTITUTION	
We confirm that the learning agreement is accepted.	
Departmental coordinator's signature	Institutional coordinator's signature
.....
Date:.....	Date:.....

RECEIVING INSTITUTION	
We confirm that the learning agreement is accepted.	
Departmental coordinator's signature	Institutional coordinator's signature
.....
Date:.....	Date:.....

