

INTERNATIONAL MOBILITY LEARNING AGREEMENT

STUDENT

Last/family name	
First name	
Gender	
Date and place of birth	
Nationality	
Address	

SENDING INSTITUTION

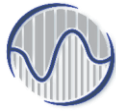
Institution	
Department	
Address	
Contact person	
Phone	
E-Mail	

RECEIVING INSTITUTION

Institution	
Department	
Address	
Contact person	
Phone	
E-Mail	

CURRENT STUDIES (AT SENDING INSTITUTION)

Department	
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Study cycle	
Study year	
Duration of the Study Programme	
ECTS obtained at the time of application	

STUDY PROGRAMME AT THE RECEIVING INSTITUTION

Planned period of the mobility: from [month/year] to [month/year]

Course code	Course title	Semester	Number of ECTS credits
Total number of ECTS			

RECOGNITION AT THE SENDING INSTITUTION

Course code	Course title	Semester	Number of ECTS credits
Total number of ECTS			



Student's signature: _____	Place and date: _____
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SENDING INSTITUTION

We confirm that the proposed programme of learning agreement is approved and will be recognized at our university once the student returns from his/her mobility.

Academic Coordinator: _____	Director of the Institution: _____
Date: _____	Date: _____

RECEIVING INSTITUTION (signatures to be obtained after the beginning of mobility)

We confirm that the proposed programme of learning agreement is part of the curriculum at our university and these courses/modules can be offered to the student.

Academic Coordinator: _____	Contact person: _____
Date: _____	Date: _____



CHANGES TO LEARNING AGREEMENT (to be filled ONLY if appropriate)

LIST OF DELETED COURSES

Course code	Course title	Semester	Number of ECTS credits

LIST OF ADDED COURSES

Course code	Course title	Semester	Number of ECTS credits

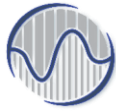
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