



LEARNING AGREEMENT FOR STUDIES

The Student

Last name (s)		First name (s)	
Date of birth		Nationality	
Sex [M/F]		Academic year	20../20..
Study cycle		Subject area, Code	
Phone		E-mail	

The Sending Institution

Name		Faculty	
Erasmus code (if applicable)		Department	
Address		Country, Country code	
Contact person name		Contact person e-mail / phone	

The Receiving Institution

Name		Faculty	
Erasmus code (if applicable)		Department	
Address		Country, Country code	
Contact person ⁴ name		Contact person e-mail / phone	



Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Table A: Study programme abroad

Component code	Component title at the receiving institution	Semester	Number of ECTS credits
			<i>Total:</i>

Table B: Set of components to be replaced at sending institution

Component code	Component title at the sending institution	Semester	Number of ECTS credits
			<i>Total:</i>

II. COMMITMENT OF THE THREE PARTIES

The student Student's signature	Date:
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The sending institution Responsible person's signature Date:

The receiving institution Responsible person's signature Date:



Section to be completed DURING THE MOBILITY

I. EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME

Table C: Exceptional changes to study programme abroad

Component code	Component title at the receiving institution	Deleted component	Added component	Reason for change	Number of ECTS
					Total:

Table D: Exceptional changes to set of components to be replaced at sending institution

Component code	Component title at the sending institution	Deleted component	Added component	Reason for change	Number of ECTS
					Total:

II. COMMITMENT OF THE THREE PARTIES

The student	
Student's signature	Date:

The sending institution
Responsible person's signature
Date:

The receiving institution
Responsible person's signature
Date: