

## PROVISIONAL LEARNING AGREEMENT

Surname  First name

Period of study  I semester  II semester

Sending institution  Country

Receiving institution  Country

Department

### PROPOSED PROGRAMME OF STUDY

Course title	Number of ECTS credits	Number of teaching hours
1-		
2-		
3-		
4-		
5-		
6-		
7-		
8-		
9-		
10-		
11-		
12-		

*If necessary, continue on a separate sheet*

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

### SENDING INSTITUTION

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

Departmental Coordinator name  Signature \_\_\_\_\_ Date

### RECEIVING INSTITUTION

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

Departmental Coordinator name  Signature \_\_\_\_\_ Date