

ANEXO II

ERASMUS PROGRAMME ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM LEARNING AGREEMENT

ACADEMIC YEAR 20..... / 20.....

STUDY PERIOD: FROM TO

FIELD OF STUDY:

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| Name of student: Sending institution: Country: |
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DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

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| Receiving institution: Country: |
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| Course unit code (if any) and page nr. of the course catalogue | Course unit title (as indicated in the course catalogue) | Number of ECTS credits |
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| (if necessary, continue the list on a separate sheet) | | |

- Fair translation of grades must be ensured and the student has been informed about the methodology -

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| Student's signature Date: |
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SENDING INSTITUTION

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

Departmental coordinator's signature

Institutional coordinator's signature

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Date:

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Date:

RECEIVING INSTITUTION

We confirm that this proposed programme of study / learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

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Date:

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Date:

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME / LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

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| Name of student: |
| Sending institution: Country: |

| Course unit code (if any) and page no. of the course catalogue | Course unit title (as indicated in the course catalogue) | Deleted course unit | Added course unit | Number of ECTS credits |
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(if necessary, continue the list on a separate sheet)

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| Student's signature Date: |
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| SENDING INSTITUTION | |
| We confirm that the above-listed changes to the initially agreed programme of study / learning agreement are approved. | |
| Departmental coordinator's signature | Institutional coordinator's signature |
| Date: | Date: |

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| RECEIVING INSTITUTION | |
| We confirm by the above-listed changes to the initially agreed programme of study / learning agreement are approved. | |
| Departmental coordinator's signature | Institutional coordinator's signature |
| Date: | Date: |