



Education and Culture DG

Lifelong Learning Programme



LIFELONG LEARNING PROGRAMME/ ERASMUS – ECTS

LEARNING AGREEMENT

http://ec.europa.eu/education/lifelong-learning-policy/doc48_en.htm

ACADEMIC YEAR: 20__/20__
STUDY PERIOD: from __/__/____ to __/__/____
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:
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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
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Student's signature	Date:
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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:

