



LEARNING AGREEMENT

ACADEMIC YEAR 2016/2017

Name of student:
 Sending institution:
 Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:
 Country:

Universidade Europeia	Sending Institution	Semester	ECTS

(If necessary, continue the list on a separate sheet)

Student's signature.....
 Date:

SENDING INSTITUTION

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

Academic coordinator's signature

International coordinator's signature

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Date:

Date:

RECEIVING INSTITUTION

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

Academic coordinator's signature

International coordinator's signature

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Date:

Date: