 

**ERASMUS Programme - LEARNING AGREEMENT**

ECTS – EUROPEAN CREDIT TRANSFER SYSTEM ACADEMIC YEAR **……………..** - FIELD OF STUDY:**………….**

**STUDENT** : Name (name/surname): E-mail :

# SENDING INSTITUTION

**Phone ………..…………- Fax ………..…….. - Email : ……………………..@......................**

Institutional coordinator :

**………………………………………………………………………………………**

**Contact Person :……………………………………………**

Departmental coordinator :

**Faculty / Department :……………………………….**

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**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD**

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| Receiving Institution : Country : |
| **Course unit** | **Course unit title***(as indicated in the information package)* | Course | Number of ECTS credits(ECTS or other : specify) |
| **code** | level |
| *(IF any)* |  |  |
| *and page no. of* | Bachelor | Master |
| *info. package* |  |  |
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**SIGNATURES**

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

Studentʼs signature Date :

# SENDING INSTITUTION

Date :

Date :

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

Departmental/faculty coordinatorʼs signature: Institutional coordinatorʼs signature :

**UNIVERSITY OF LAUSANNE**

Date :

Date :

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

Departmental/faculty coordinatorʼs signature: Institutional coordinatorʼs signature :

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**

# STUDENT

E-mail :

Name of student (name/surname):

Sending Institution : University of Lausanne, Switzerland

(to be filled in only if appropriate)

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| --- |
| Receiving Institution : Country : |
| **Course unit code***(IF any) and page no.**of**info. package* | **Course unit title***(as indicated in the information package)* | Course level | Deleted Course | Added Course | Number of ECTS credits(ECTS or other : specify) |
| Bachelor | Master |
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# SIGNATURES

If necessary, continue the list on a separate sheet

Studentʼs signature Date :

# SENDING INSTITUTION

Date :

Date :

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

Departmental/faculty coordinatorʼs signature: Institutional coordinatorʼs signature :

**UNIVERSITY OF LAUSANNE**

Date :

Date :

Institutional coordinatorʼs signature :

Departmental/faculty coordinatorʼs signature:

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