Education and Culture DG

Lifelong Learning Programme

HR EXCELLENCE IN RESEARCH

LEARNING AGREEMENT

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:** ……..……

Course unit code (if any) and page no. of the information package	**Course unit title (as indicated in the course catalogue)** If necessary, continue on a separate sheet	**Number of ECTS credits**
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Student's signature ……. **Date**: ……

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: ……..

Università degli Studi di Foggia
Dipartimento Relazioni Internazionali - Ufficio Erasmus
Via A. Gramsci, 89/91
71122 Foggia
Tel. +39 0881 338578; Fax +39 0881338545 @ : l.colelli@unifg.it

Education and Culture DG

Lifelong Learning Programme

HR EXCELLENCE IN RESEARCH

Name of student: ……

Sending Institution: …… **Country:**……..

CHANGES TO ORIGINAL LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Course unit code and page no. of the course catalogue	Course unit (as indicated in the course catalogue)	Deleted course unit	Added course unit	Number of ECTS credits
……	……	☐	☐	
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If necessary, continue this list on a separate sheet

Student's signature …… **Date**: ……

SENDING INSTITUTION

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator's signature — Institutional coordinator's signature

…… ……

Date: …… Date: ……..

RECEIVING INSTITUTION

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator's signature — Institutional coordinator's signature

…… ……

Date: …… Date: ……..

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