ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM LEARNING AGREEMENT

**ACADEMIC YEAR 20****/20****FIELD OF STUDY:**

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| Name of student:                  Sending Institution:                      Country:                  Planned period of the mobility: from [month/year]  to [month/year] |

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT**

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| Receiving Institution: **University of Udine**  Country: **Italy** |

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

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

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| **Student’s signature**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: |

|  |  |
| --- | --- |
| **SENDING INSTITUTION**  We confirm that the proposed programme of study/learning agreement is approved. | |
| Departmental coordinator’s signature  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: | Institutional coordinator’s signature  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: |

|  |  |
| --- | --- |
| **RECEIVING INSTITUTION**  We confirm that this proposed programme of study/learning agreement is approved. | |
| Departmental coordinator’s signature  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: | Institutional coordinator’s signature  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: |

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

**(to be filled in ONLY if appropriate)**

**ACADEMIC YEAR 20     /20      FIELD OF STUDY:**

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| --- |
| Name of student:  Sending Institution:                      Country:  Planned period of the mobility: from [month/year]  to [month/year] |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course unit code (if any) and page no. of the information package | Course unit title (as indicated in the information package) | Deleted  course  unit | Added  course  unit | Number of  ECTS credits |

**if necessary, continue this list on a separate sheet**

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| **Student’s signature**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: |

|  |  |
| --- | --- |
| **SENDING INSTITUTION**  We confirm that the proposed programme of study/learning agreement is approved. | |
| Departmental coordinator’s signature  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: | Institutional coordinator’s signature  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: |

|  |  |
| --- | --- |
| **RECEIVING INSTITUTION**  We confirm that this proposed programme of study/learning agreement is approved. | |
| Departmental coordinator’s signature  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: | Institutional coordinator’s signature  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: |