



LEARNING AGREEMENT ACADEMIC YEAR 2015/2016

Name of student:.....Subject area:.....
 Study period: from to
 Sending institution:Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:...Department of Historical Studies.....Country:SWEDEN.....

Course unit code (if any) and page no. of course catalogue	Course unit title (as indicated in the course catalogue)	Number of ECTS Credit

if necessary, continue the list on a separate sheet

Student's signature
 Date:

SENDING INSTITUTION
 We confirm that this proposed programme of study / learning agreement is approved.
 Departmental coordinator's signature
 Date:

RECEIVING INSTITUTION
 We confirm that this proposed programme of study / learning agreement is approved.
 Departmental coordinator's signature
 Date:

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code (if any) and page no. of the course catalogue	Course unit title (as indicated in the course catalogue)	Deleted course unit	Added course unit	Number of ECTS credits
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
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		<input type="checkbox"/>	<input type="checkbox"/>	

if necessary, continue this list on a separate sheet

Student's signature Date:
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<p>SENDING INSTITUTION</p> <p>We confirm that the above-listed changes to the initially agreed programme of study / learning agreement are approved.</p> <p>Departmental coordinator's signature Date:</p>
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<p>RECEIVING INSTITUTION</p> <p>We confirm that the above-listed changes to the initially agreed programme of study / learning agreement are approved.</p> <p>Departmental coordinator's signature Date:</p>
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* The student keeps the document with the original signatures, the sending and receiving institutions have to keep a copy or a scan.