LEARNING AGREEMENT

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

Name of student:.....
Sending institution:
..... **Country**:.....

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: LUM Jean Monnet - Libera Università del Mediterraneo
Faculty of:…….. **Country**: Italy

Course unit code (if any)	Course unit title	Number of ECTS credits
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.....	.....	.....
.....	.....	.....
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.....	.....	.....
.....	.....	.....

Student's signature

..... Date:.....

SENDING INSTITUTION

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

Departmental coordinator's signature Institutional coordinator's signature

....

Date:..... Date:.....

RECEIVING INSTITUTION

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

Departmental coordinator's signature Institutional coordinator's signature

....

Date:..... Date:.....

LEARNING AGREEMENT

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

Name of student:.....
Sending institution:
..... **Country**:.....

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Course unit code (if any)	Course unit title	Deleted course unit	Added course unit	Number of ECTS credits
.....	.....	•	•	.....
.....	.....	•	•	.....
.....	.....	•	•	.....
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Student's signature

..... Date:.....

SENDING INSTITUTION

We hereby confirm the above-listed **changes** to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature Institutional coordinator's signature

....

Date:..... Date:.....

RECEIVING INSTITUTION

We hereby confirm the above-listed **changes** to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature Institutional coordinator's signature

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Date:..... Date:.....