LEARNING AGREEMENT

ACADEMIC YEAR
FIELD OF STUDY:

Name of student:
Sending institution : Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

Receiving institution: Country: India

Subject code (if any)	Subject title (as indicated in the curriculum)	Number of credits

(*If necessary, continue this 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 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: