



ERASMUS LEARNING AGREEMENT

ACADEMIC YEAR: _____ **FIRST SEMESTER** ____ **SECOND SEMESTER** ____

FIELD OF STUDY: _____

FACULTY/COLLEGE AT UPV/EHU: _____

Name of student:
 Sending Institution:
 Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Course unit code (if any)	Course unit title (as indicated in the information package)	Number of ECTS credits
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.....
.....
.....
.....

if necessary, continue the list on a separate sheet

Student's signature

..... date:

SENDING INSTITUTION

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

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:

RECEIVING INSTITUTION

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

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:



Universidad
del País Vasco

Euskal Herriko
Unibertsitatea



ERASMUS LEARNING AGREEMENT

Name of student:

Sending Institution:

Country:

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

Course unit code (if any)	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
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