

Departmental coordinator's signature

Lifelong Learning Programme www.programmallp.it Programma di apprendimento permanente



LLP/Erasmus Programme ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

LEARNING AGREEMENT

ACADEMIC YEAR: 2013/2014	STUDY PERIOD: f	STUDY PERIOD: from to						
FIELD OF STUDY:								
Student's e-mail address:	Cou							
	POSED STUDY PROGRAMME ABROAD/							
Receiving institution:	Cou	ıntry:						
Course unit code (if any) and page no. of the course catalogue	Course unit title (as indicated in the course catalogue)	Number of ECTS credits						
Fair translation of grades mu	if necessary, continue the list on a separate sheet ust be ensured and the student has been inforr	ned about the methodology						
Student's signature*	Date:							
SENDING INSTITUTION								
We confirm that the proposed pr	ogramme of study/learning agreement is	approved.						
Departmental coordinator's signature Institutional coordinator's signature								
Date:								
RECEIVING INSTITUTION								
We confirm that this proposed programme of study/learning agreement is approved.								

*The student keeps the document with the original signatures, the sending and receiving institutions have to keep a copy or a scan

Institutional coordinator's signature







	Lifelong	Learning	g Programme	LORENZO DA VITERB
www.programmallp.it	Programma	di appı	rendimento	permanente

Date:								
Name of student:								
Sending institution:								
Senaing institution:				ountry:				
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 indic course catalogue		Deleted course unit	Added course unit	Number of ECTS credits			
			_	_				
if necessary, continue this list on a separate sheet								
Student's signature								
Date:								
		Date						
SENDING INSTITUTION	ON .							
We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.								
Departmental coordinator's signature Institutional coordinator's signature								
Date:								
RECEIVING INSTITUT	ION							
We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved.								
Departmental coordinator's signature Institutional coordinator's signature								
Date:								