LAUREA - AMMATTIKORKEAKOULU

ECTS-EUROPEAN CREDIT TRANSFER SYSTEM
LEARNING AGREEMENT

ACADEMIC YEAR ..... - ..... FIELD OF STUDY: .....
DURATION FROM ..... TO .....

Name of student .....
Sending Institution ..... Country .....

DETAILS OF THE PROPOSED STUDY PROGRAMME / LEARNING AGREEMENT

Receiving Institution ..... Country .....

Course unit code and page no. of the Information Package	Course unit tittle (as indicated in the Information Package)	Number of ECTS credits

NOTE :YOU ARE REQUESTED TO ENSURE SELECTING SPECIFIC CONTENT ONLY ONCE

If necessary, continue the list on a separate sheet

Student´s signature ..... Date .....

SENDING INSTITUTION

We confirm the proposed Programme of Study / Learning Agreement is approved.

Departmental Coordinator
Signature .....
Name .....
Date .....

Institutional Coordinator
Signature .....
Name .....
Date .....

RECEIVING INSTITUTION

We confirm the proposed Programme of Study / Learning Agreement is approved.

Departmental Coordinator
Signature .....
Name .....
Date .....

Institutional Coordinator
Signature .....
Name .....
Date .....

LAUREA - AMMATTIKORKEAKOULU

Name of student .....

Sending Institution ..... Country .....

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME / LEARNING AGREEMENT

(to be filed in ONLY if appropriate)

Course unit code and page no. of the Information Package	Course unit tittle (as indicated in the Information Package)	Deleted course unit	Added course unit	Number of ECTS credits
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....

If necessary, continue this list on a separate sheet

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
Signature .....
Name .....
Date .....

Institutional Coordinator
Signature .....
Name .....
Date .....

RECEIVING INSTITUTION

We hereby confirm the above-listed changes to the initially agreed Programme of Study / Learning Agreement are approved.

Departmental Coordinator
Signature .....
Name .....
Date .....

Institutional Coordinator
Signature .....
Name .....
Date .....