**STUDIEPLAN/LEARNING AGREEMENT**

**Ej Erasmus+**

 **Academic year 20..../20....**

**Study period: from …. to ….**

**Field of study: ...........................**

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

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT**

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| Receiving institution: ................................................................................................ Country: ..................................................................... |

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| Course unit code (if any) and page no. of the course catalogue................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................. | Course unit title (as indicated in the course catalogue).................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... if necessary, continue the list on a separate sheet.................................................................... | Number of ECTS credits.................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... |

Fair translation of grades must be ensured and the student has been informed about the methodology

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| Student’s signature........................................................................................... Date: .................................................................................. |

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| **SENDING INSTITUTION**We confirm that the proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s signature.............................................................................Date: ................................................................... | **Tillgodoräknas:**🞏 Ersätter befintlig kurs på Sh 🞏 Som breddande utlandsstudier |

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| **RECEIVING INSTITUTION**We confirm that this proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s signature..............................................................................Date: ................................................................... | Institutional coordinator’s signature...................................................................................................Date: ................................................................................. |

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

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**

(to be filled in ONLY if appropriate)

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| Course unit code (if any) and page no. of the course catalogue...................................................................................................................................................................................................................................................................................................................... | Course unit title (as indicated in the course catalogue)...................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... | Deletedcourseunit🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏 | Addedcourseunit🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏 | Number of ECTS credits................................................................................................................................................................................................................................................ |

if necessary, continue this list on a separate sheet

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| Student’s signature.......................................................................................... Date: .......................................................... |

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| **SENDING INSTITUTION**We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved. |
| Departmental coordinator’s signature.....................................................................................Date: .................................................................... | **Tillgodoräknas:**🞏 Ersätter befintlig kurs på Sh 🞏 Som breddande utlandsstudier |

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| **RECEIVING INSTITUTION**We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved. |
| Departmental coordinator’s signature.....................................................................................Date: .................................................................... | Institutional coordinator’s signature...................................................................................................Date: ................................................................................. |