**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)  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ...............................................  ............................................... | Deleted  course  unit  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | Added  course  unit  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | 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: ................................................................................. |