

**ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM
LEARNING AGREEMENT**

ACADEMIC YEAR 2012/2013 - FIELD OF STUDY:

Name of student:
Sending institution: Lancaster University UKLANCAST01.....
Country: England, United Kingdom.....

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:
Country:
Language of Instruction:

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits

if necessary, continue the list on a separate sheet

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

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	Institutional coordinator's signature
.....
Date:	Date:

RECEIVING INSTITUTION

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

Departmental coordinator's signature	Institutional coordinator's signature
.....
Date:	Date:

Name of student:

Sending institution: Lancaster University UKLANCAST01.....

Country: United Kingdom.....

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 information package	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"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

if necessary, continue this list on a separate sheet

Student's signature

Date:

SENDING INSTITUTION

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

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Date: Date:

RECEIVING INSTITUTION

We confirm the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature Institutional coordinator's signature

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Date: Date: