**LEARNING AGREEMENT**

**Academic year 2022-2023 Field of study:**  
**Study period:**

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

**Details of the proposed study programme abroad**

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| Receiving institution: Batumi Shota Rustaveli State University Country:  Georgia |

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| **Course** **Code if** **any** | **Course title** | **Semester** | **Receiving** **institution credits** | **ECTS** **credits** |
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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**  ***Signature*** Departmental coordinator Head of Quality Assurance Center of the Faculty  ------------------------------------- -------------------------------------  Date: ------------------------------  Date -------------------------------- |

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| **Receiving institution:** We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved  Departmental coordinator Head of Quality Assurance Center of the Faculty -------------------------------------         -----------------------------------  Date: -------------------------------    Date: ---------------------------------- |

**Changes to original proposed study programme/learning agreement**  
(to be filled in only if appropriate)

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

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| **Course code** **if any** | **Course title** **(as indicated in** **the information** **package)** | **Semester** | **Deleted Added** **course course** **unit unit** | **ECTS Credits** |
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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 Head of Quality Assurance Center of the Faculty  Date: ----------------------------  Date: --------------------------------- |

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| **Receiving institution:**  We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved Departmental coordinator Head of Quality Assurance Center of the Faculty ------------------------------------   ------------------------------------  Date: ----------------------------- Date: --------------------------------- |