**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 UniversityCountry:  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 ofstudy/learning agreement are approvedDepartmental 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 programmeof study/learning agreement are approvedDepartmental coordinator Head of Quality Assurance Center of the Faculty------------------------------------   ------------------------------------Date: ----------------------------- Date: --------------------------------- |