**Higher Education**

**Learning Agreement for Studies for 2023-2024 Academic Year**

**Student’s name:**

**Study cycle:**

**Filed of Education/faculty:**

**Sending Institution:**

**Receiving Institution:**

**Details of the proposed study program abroad**

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| --- |
| Before the Mobility |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **№** | **Course title** | **Semester** | **Number of ECTS credits at Receiving Institution** | **Recognition** of ECTS credits **at the Sending Institution** |
|  |  |  |  |  |

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

Responsible person at the Sending institution:

**We confirm that the proposed program of study/learning agreement is approved**

Signature: Date:

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Head of Quality Assurance Center of the Faculty

Responsible person at the Receiving institution:

**We confirm that the proposed programme of study/learning agreement is approved**

Signature: Date:

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**Changes to original proposed study program/learning agreement**

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| During the Mobility |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **№** | **Course title** | **Semester** | **Number of ECTS credits at Receiving Institution** | **Recognition** of ECTS credits **at the Sending Institution** |
|  |  |  |  |  |

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

Responsible person at the Sending institution:

**We confirm that the above-listed changes to the initially agreed program of study/learning agreement are approved**

Signature: Date:

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Head of Quality Assurance Center of the Faculty

Responsible person at the Receiving institution:

**We confirm that the above-listed changes to the initially agreed program of study/learning agreement are approved**

Signature: Date:

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