

## Building University Links for Action (BULA)

### LEARNING AGREEMENT

**ACADEMIC YEAR:**

**STUDY PERIOD:**

**FIELD OF STUDY:**

<b>Name of student:</b> ..... Student's e-mail address: ..... <b>Sending Institution:</b> ..... <b>Country:</b> .....
-----------------------------------------------------------------------------------------------------------------------------

#### DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

<b>Receiving institution:</b> ..... <b>Country:</b> .....
-----------------------------------------------------------

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the course catalogue)	Semester (autumn/spring)	Number of agreed system credits

If no course will be taken at the host institution, details about research should be provided.

<b>Student's signature</b> ..... <b>Date:</b> .....
-----------------------------------------------------

<b>SENDING INSTITUTION</b>	
We confirm that the learning agreement is accepted.	
Departmental coordinator's signature .....	Institutional coordinator's signature .....
Date: .....	Date: .....

<b>HOSTING INSTITUTION</b>	
We confirm that the learning agreement is accepted.	
Departmental coordinator's signature .....	Institutional coordinator's signature .....
Date: .....	Date: .....

<b>Name of student:</b> ..... <b>Sending Institution:</b> ..... <b>Country:</b> .....
------------------------------------------------------------------------------------------

**CHANGES TO ORIGINAL LEARNING AGREEMENT**  
(to be filled in **ONLY** if appropriate)

Course unit code and page no. of the course catalogue	Course unit (as indicated in the course catalogue)	Deleted course unit	Added course unit	Number of agreed system credits
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....

**Student's signature** ..... **Date:** .....

**SENDING INSTITUTION**

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator's signature ..... Institutional coordinator's signature .....

.....

Date: ..... Date: .....

**HOSTING INSTITUTION**

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator's signature ..... Institutional coordinator's signature .....

.....

Date: ..... Date: .....