

# LEARNING AGREEMENT

ACADEMIC YEAR 20..../20.... - FIELD OF STUDY: .....

Name of student:	Country:
Sending institution:	Erasmus code:
Level of studies (Bachelor/Master):	
Study period from:	till

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

Receiving institution: VILNIUS GEDIMINAS TECHNICAL UNIVERSITY	Country: LITHUANIA
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Course unit code	Course unit title	Number of ECTS credits
<b>Total:</b>		

if necessary, continue the list on a separate sheet

Student's signature	Date:
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<b>SENDING INSTITUTION</b>	
We confirm that the proposed programme of study/learning agreement is approved.	
Departmental coordinator's signature	Institutional coordinator's signature
.....	.....
Date:	Date:

<b>RECEIVING INSTITUTION</b>	
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:	Country: Erasmus code:
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**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**  
(to be filled in ONLY if applicable)

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: .....
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<b>SENDING INSTITUTION</b>	
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 .....
Date: .....	Date: .....

<b>RECEIVING INSTITUTION</b>	
We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.	
Departmental coordinator's signature .....	Institutional coordinator's signature .....
Date: .....	Date: .....