

LEARNING AGREEMENT

(ECTS – European Credit Transfer and Accumulation System)

ACADEMIC YEAR 20__/20__ - FIELD OF STUDY: _____

Semester: _____ Period: [month] from _____ to _____

Name of the student: _____ Sending Institution: UNIVERSITAT ABAT OLIBA CEU, E BARCELO31 _____ Country: SPAIN _____
Receiving Institution: _____ Country: _____

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD *(If necessary, continue the list on a separate sheet)*

Course unit title at the receiving institution	Component code	ECTS credits	Validated Courses title at the UAO	Component code	ECTS credits assigned by the UAO
Total:			Total:		

Student's signature: _____ Date: __/__/____	
SENDING INSTITUTION We confirm that the proposed programme of study/learning agreement is approved. Name and signature of the Departmental Coordinator _____ Name, signature and stamp of the Institutional Coordinator _____ Date: __/__/____ Date: __/__/____	
RECEIVING INSTITUTION We confirm that the proposed programme of study/learning agreement is approved. Name and signature of the Departmental Coordinator _____ Name, signature and stamp of the Institutional Coordinator _____ Date: __/__/____ Date: __/__/____	

LEARNING AGREEMENT

(ECTS – European Credit Transfer and Accumulation System)

Name of the student: _____ Sending Institution: <u>UNIVERSITAT ABAT OLIBA CEU, E BARCELO31</u> Country: <u>SPAIN</u>
Receiving Institution: _____ Country: _____

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME *(to be filled ONLY in case of changes. Continue this list on a separate sheet if necessary)*

Course unit title at the receiving institution	ECTS credits	Deleted course unit	Added course unit	Validated Courses title at the UAO	ECTS credits assigned by the UAO
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
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		<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 proposed programme of study/learning agreement is approved.

Name and signature of the Departmental Coordinator

Name, signature and stamp of the Institutional Coordinator

Date: ___ / ___ / ___

Date: ___ / ___ / ___

RECEIVING INSTITUTION

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

Name and signature of the Departmental Coordinator

Name, signature and stamp of the Institutional Coordinator

Date: ___ / ___ / ___

Date: ___ / ___ / ___