**ACADEMIC YEAR 20****/20**

**Name of student**:

**Field of study:**

Sending institution: Country:

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

Receiving institution: LAB University of Applied Sciences Country: Finland

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| **Course Code** | **Course name** | **Number of**  **ECTS** |
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If necessary, continue this list on a separate sheet

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the Learning Agreement:

**STUDENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SENDING INSTITUTION**

Signature of the responsible person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECEIVING INSTITUTION**  
Signature of the responsible person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**

Name of student:

Sending institution:  Country:

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| **Course Code** | **Course name** | **Added** | **Deleted** | **Number of**  **ECTS** |
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If necessary, continue this list on a separate sheet

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the above-listed changes to the learning agreement:

**STUDENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SENDING INSTITUTION**

Signature of the responsible person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECEIVING INSTITUTION**  
Signature of the responsible person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_