

|  |
| --- |
| **LEARNING AGREEMENT FOR APPLICANTS OFERASMUS+ Credit Mobility 2016/17** |

|  |
| --- |
| **Academic Year: 2016/17, summer semester**  |
| **Period of Study: From: To:**  |
| **Field of Study:** |
| **Name and Surname:****Sending University:****Country:** |

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

|  |
| --- |
| **Receiving Institution: UNIVERSITY OF LODZ (PL LODZ 01) Country: POLAND** |
| **Course Unit Code** | **Course Unit Title\*** | **Semester (winter or summer)** | **Number of ECTS Credits** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Student’s Signature: Date:** |

|  |
| --- |
| **SENDING INSTITUTION:**We confirm that this proposed programme of study/ Learning Agreement is approved.**Departmental Coordinator’s Signature: Institutional Coordinator’s Signature:** **Date: Date:** |
| **RECEIVING INSTITUTION:**We confirm that this proposed programme of study/ Learning Agreement is approved.**Departmental Coordinator’s Signature:** **Date:**  |