

## LEARNING/TEACHING AGREEMENT

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

Name of student: ..... Student ID: .....  
 SENDING UNIVERSITY: ..... Country: .....

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

HOST UNIVERSITY: ..... Country: .....

Course code	Course title	Language of Instruction	Number of ECTS / SWS credits at Home University	Number of credits at GJU

(If necessary, continue the list on a separate sheet)

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

**SENDING UNIVERSITY:**

We confirm that the proposed learning/teaching agreement is approved.

Name & signature Exchange Officer

.....

Date: .....

Name & signature Dean of Faculty

.....

Date: .....

Name & signature Head of International Office

.....

Date: .....

**HOST UNIVERSITY:**

We confirm that the proposed learning/teaching agreement is approved.

Name & signature Departmental coordinator

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Date: .....

Name & signature Institutional coordinator

.....

Date: .....

