UNIVERSITY OF WARSAW

LEARNING AGREEMENT

ACADEMIC YEAR 20...../20.....

Name of student**:** .....

Sending institution:..... Country : .....

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: Country:

Course unit title	Number of ECTS credits, if applied
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If necessary, continue this list on a separate sheet

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 Institutional coordinator's signature

....
Date: ..... Date: .....

Name of student: ....

Sending institution:
.... Country: ....

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

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
....	....	☐	☐	....
....	....	☐	☐	....
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If necessary, continue this list on a separate sheet

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

SENDING INSTITUTION

We hereby confirm 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: ....

RECEIVING INSTITUTION

We hereby confirm the above-listed **changes** to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature | Institutional coordinator's sign ature

.... | ....

Date: .... | Date: ....