

## ERASMUS Programme - LEARNING AGREEMENT

### ECTS – EUROPEAN CREDIT TRANSFER SYSTEM

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

<b>STUDENT</b> : Name (name/surname):	E-mail :
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#### SENDING INSTITUTION

.....	
.....	
Departmental coordinator :	
<b>Faculty / Department</b> : .....	<b>Contact Person</b> : .....
<b>Phone</b> ..... - <b>Fax</b> ..... - <b>Email</b> : .....@.....	
Institutional coordinator :	
.....	

#### DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

Receiving Institution :				
Country :				
Course unit code (IF any) and page no. of info. package	Course unit title (as indicated in the information package)	Course level		Number of ECTS credits (ECTS or other : specify)
		Bachelor	Master	

*If necessary, continue the list on a separate sheet  
Fair translation of grades must be ensured and the student has been informed about the methodology*

#### SIGNATURES

Student's signature	Date :
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#### SENDING INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved.	
Departmental/faculty coordinator's signature:	Institutional coordinator's signature :
_____	_____
Date : _____	Date : _____

#### UNIVERSITY OF LAUSANNE

We confirm that the proposed programme of study/learning agreement is approved.	
Departmental/faculty coordinator's signature:	Institutional coordinator's signature :
_____	_____
Date : _____	Date : _____

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

**STUDENT**

Name of student (name/surname):  
 Sending Institution : University of Lausanne, Switzerland

E-mail :

*(to be filled in only if appropriate)*

Receiving Institution :  
 Country :

Course unit code (IF any) and page no. of info. package	Course unit title (as indicated in the information package)	Course level		Deleted Course	Added Course	Number of ECTS credits (ECTS or other : specify)
		Bachelor	Master			

*If necessary, continue the list on a separate sheet*

**SIGNATURES**

Student's signature

Date :

**SENDING INSTITUTION**

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

Departmental/faculty coordinator's signature:

Institutional coordinator's signature :

Date : \_\_\_\_\_

Date : \_\_\_\_\_

**UNIVERSITY OF LAUSANNE**

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

Departmental/faculty coordinator's signature:

Institutional coordinator's signature :

Date : \_\_\_\_\_

Date : \_\_\_\_\_