

# LEARNING AGREEMENT

**ACADEMIC YEAR 20\_\_/20\_\_ - FIELD OF STUDY:**

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| Name of student: Country: Sending institution: Form of Studies: Free mover Level of studies (Bachelor/Master):  Study period from: till |

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

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| Receiving institution: VILNIUS GEDIMINAS TECHNICAL UNIVERSITY Country: LITHUANIA |

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| **Course unit code** | **Course unit title** | **Number of ECTS credits** |
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| Total: | |  |

if necessary, continue the list on a separate sheet

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| Student’s signature Date: |

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| **SENDING INSTITUTION**  We confirm that the proposed programme of study/learning agreement is approved. | |
| Departmental coordinator’s signature  ........................................................................  Date: | Institutional coordinator’s signature  ...................................................................................  Date: |

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| **RECEIVING INSTITUTION**  We confirm that this proposed programme of study/learning agreement is approved. | |
| Departmental coordinator’s signature  ........................................................................  Date: | Institutional coordinator’s signature  ...................................................................................  Date: |

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| Name of student: Country: Sending institution: Form of Studies: Free mover |

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

(to be filled in ONLY if applicable)

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| Course unit code 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

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| Student’s signature  .......................................... Date: .......................................................... |

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| **SENDING INSTITUTION**  We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved. | |
| Departmental coordinator’s signature  .......................  Date: ........................ | Institutional coordinator’s signature  ..........................  Date: ......... |

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| **RECEIVING INSTITUTION**  We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved. | |
| Departmental coordinator’s signature  Date: ................................................................. | Institutional coordinator’s signature  Date: .............................................................................. |