

# LEARNING AGREEMENT

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

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| Name of student: Country: Sending institution: Form of Studies: Free moverLevel 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……………………………............................................................................................................................................................................................................................................................................... | Deletedcourseunit🞏🞏🞏🞏🞏🞏🞏🞏 | Addedcourseunit🞏🞏🞏🞏🞏🞏🞏🞏 | 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 signatureDate: ................................................................. | Institutional coordinator’s signatureDate: .............................................................................. |