

# LEARNING AGREEMENT

**ACADEMIC YEAR:** 2013

**STUDY PERIOD:** from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**FIELD OF STUDY:** \_\_\_\_\_

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

Student's e-mail address:.....

**Sending Institution:** Università degli Studi di Trieste - ITALY

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

**Receiving institution:** ..... **Country:** .....

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the course catalogue)	Semester (autumn/ spring)	Number of ECTS credits
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**Student's signature** .....

**Date:** .....

### SENDING INSTITUTION

We confirm that the learning agreement is accepted.

Departmental coordinator's signature

Institutional coordinator's signature

.....

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Date: .....

Date: .....

### RECEIVING INSTITUTION

We confirm that the learning agreement is accepted.

Departmental coordinator's signature

Institutional coordinator's signature

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Date: .....

Date: .....