

LEARNING AGREEMENT

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

FIELD OF STUDY: _____

Name of student: _____
Email: _____
Home university: University of Jyväskylä
Country: Finland

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: _____
Country: _____

Course unit code (if any)	Course unit title	Number of ECTS credits

If necessary, continue this list on a separate sheet

Student's signature _____	Date: _____
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SENDING INSTITUTION I hereby confirm that this proposed programme of study/learning agreement is approved. Departmental / Faculty Coordinator's signature _____	Date: _____
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RECEIVING INSTITUTION I hereby confirm that this proposed programme of study/learning agreement is approved. Coordinator's signature _____	Date: _____
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Instructions for students: Have the form signed by your home department/faculty. Then send it to the host university to be signed. After you have received it back from your host university, please upload it to the Mobility-Online as a part of your workflow.

Instructions for host universities: After signing this form, please send it scanned back to the student.

