

**UNIVERSITA' DEGLI STUDI DI CATANIA
AREA DELLA RICERCA
UFFICIO PER I RAPPORTI INTERNAZIONALI**

LEARNING AGREEMENT

ACADEMIC YEAR: 2012/2013
STUDY PERIOD: from ___/___/___ to ___/___/___
FIELD OF STUDY: _____

Name of student:
Student's e-mail address:
Sending Institution: Country:

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:
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SENDING INSTITUTION	
We confirm that the learning agreement is accepted. Departmental coordinator's signature	Institutional coordinator's signature
.....
Date:	Date:

RECEIVING INSTITUTION
We confirm that the learning agreement is accepted. Departmental coordinator's signature
.....
Date:

Name of student:

Sending Institution: **Country:**

CHANGES TO ORIGINAL LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code and page no. of the course catalogue	Course unit (as indicated in the course catalogue)	Deleted course unit	Added course unit	Number of ECTS credits
.....	<input type="checkbox"/>	<input type="checkbox"/>
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.....	<input type="checkbox"/>	<input type="checkbox"/>

If necessary, continue this list on a separate sheet

Student's signature **Date:**

SENDING INSTITUTION

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator's signature Institutional coordinator's signature

Date: Date:

RECEIVING INSTITUTION

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator's signature

Date: