ANEXA 1

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LEARNING AGREEMENT** | | | | | | | | |
| **ACADEMIC YEAR 201…/201…**  **Semester** …………. | | | **FIELD OF STUDY: …………………………….** | | | | |  |
| Name of student:  ……………………………………………………………………………………………….. | | | | | | | | |
| Sending institution: Country:  ………………………………………………… …….……………………….. | | | | | | | | |
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| DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT | | | | | | | | | |
| Receiving Institution: …………………………………………………...Country: ………...………………………… | | | | | | | | |
|  | | | | | | | | |
| Course unit code | Course unit title (as indicated in  the information package) | | | | Number of ECTS credits | Relevant for grade at the following UAIC course: | | |
| ………………………………………………………………………………………. | ………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...…………………………………...…………. | | | | ................................................................................................................................................................................................................................................. | ………...…………………………………...…………………………………...…………………………………...…………………………………...…………………………………...…………………………………...…………………………………...…………………… | | |
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| If necessary, continue this list on a separate sheet | | | | | | | | |
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| The following examinations from home study plan will have to be passed at the home institution upon return (*a detailed justification will be provided by the faculty*) | | | | | | | | | | |
| Course unit code | | Course unit title | | | | | 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:  ……………………………………………………… …………………………………… | | | | | | | | |
|  | | | | | | | | |
| SENDING INSTITUTION | | | | | | | | |
| We confirm that this proposed programme of study/learning agreement is approved. | | | | | | | | |
|  | | | |  | | | | |
| ECTS Faculty coordinator’s signature: | | | | ECTS Institutional coordinator’s signature: | | | | |
|  | | | |  | | | | |
| Date: | | | | Date: | | | | |
|  | | | | | | | | |
| RECEIVING INSTITUTION | | | | | | | | |
| We confirm that this proposed programme of study/learning agreement is approved. | | | | | | | | |
|  | | | |  | | | | |
| ECTS Faculty coordinator’s signature: | | | | ECTS Institutional coordinator’s signature: | | | | |
|  | | | |  | | | | |
| Date: | | | | Date: | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of student:  ………...…………………………………………………………………………………………. | | | | | | | | |
| Sending institution: Country:  ……………………………………………………… ……………………… | | | | | | | | |
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| CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT | | | | | | | | |
| ***(to be filled in ONLY if necessary)*** | | | | | | | | |
|  | | | | | | | | |
| Course unit code | Course unit title (as indicated in  the information package) | | | Deleted course unit | Added course unit | | Number of ECTS credits | Relevant for grade at the following UAIC course: |
| ……… | ……………………………………...... | | |  |  | | ………... | ……………….................... |
| ……… | ………………………………………… | | |  |  | | ………... | …………………………….. |
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| If necessary, continue this list on a separate sheet | | | | | | | | |
|  | | | | | | | | |
| The following examinations from home study plan will have to be passed at the home institution upon return\* | | | | | | | | | | |
| Course unit code | | Course unit title | | | | 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 this proposed programme of study/learning agreement is approved. | | | | | | | | |
|  | | |  | | | | | |
| ECTS Faculty coordinator’s signature: | | | ECTS Institutional coordinator’s signature: | | | | | |
|  | | |  | | | | | |
| Date: | | | Date: | | | | | |
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| RECEIVING INSTITUTION | | | | | | | | |
| We confirm that this proposed programme of study/learning agreement is approved. | | | | | | | | |
|  | | |  | | | | | |
| ECTS Faculty coordinator’s signature: | | | ECTS Institutional coordinator’s signature: | | | | | |
|  | | |  | | | | | |
| Date: | | | Date: | | | | | |

*\* a detailed justification will be provided by the faculty*