ANEXA 1

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| --- |
| **LEARNING AGREEMENT** |
| **ACADEMIC YEAR 201…/201…****Semester** …………. |  **FIELD OF STUDY: …………………………….** |  |
| Name of student:  ……………………………………………………………………………………………….. |
| Sending institution: Country:  ………………………………………………… …….……………………….. |
|  |
| DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT |
| Receiving Institution: …………………………………………………...Country: ………...………………………… |
|  |
| Course unit code  | Course unit title (as indicated inthe 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 |
|  |
| 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 |
| …………… | ………………………………………………………………………. | …………………… |
| …………… | ………………………………………………………………………. | ……………… |
| …………… | ………………………………………………………………………. | ………………… |
| …………… | ……………………………………………………………………….. | …………………… |
| If necessary, continue this list on a separate sheet |
|  |
| 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:  |

|  |
| --- |
| Name of student: ………...…………………………………………………………………………………………. |
| Sending institution: Country:  ……………………………………………………… ……………………… |
|  |
| CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT |
| ***(to be filled in ONLY if necessary)*** |
|  |
| Course unit code  | Course unit title (as indicated inthe 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 |
| ………… | …………………………………………………… | ……………………………… |
| ………… | …………………………………………………… | ……………………………… |
| ………… | …………………………………………………… | ……………………………. |
| ………… | …………………………………………………… | ………………………........... |
| If necessary, continue this list on a separate sheet |
|  |
| 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:  |

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