

# Learning Agreement for Exchange (Non-EU)

Academic Year 20 / 20

**Full name**  
**Date of birth**  
**Programme at UCN**

**Receiving institution**  
**Country**

## DETAILS OF THE PROPOSED MOBILITY PROGRAMME

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

**Student's signature**

Date

### SENDING INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved.

**Departmental coordinator's signature**

**Institutional coordinator's signature**

Date

Date

### RECEIVING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

**Departmental coordinator's signature**

**Institutional coordinator's signature**

Date

Date

## CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(IMPORTANT - only to be filled in if any changes have occurred)

Course unit code (if any)	Course unit title	Deleted course (put X)	Added course (put X)	Number of ECTS credits

Student's signature

Date:

### SENDING INSTITUTION

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

Date

Date

### RECEIVING INSTITUTION

We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

Date

Date