

UNIVERSITY OF WARSAW

LEARNING AGREEMENT

ACADEMIC YEAR .

Name of student:				
Sending institution:. Country:				
DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT				
Receiving institution:	Country:			
Course unit title	Number of ECTS credits, if applied			
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.				
Departmental coordinator's name, surname, position	Institutional coordinator's name, surname			
Date and signature:	Date and signature:			
RECEIVING INSTITUTION We confirm that this proposed programme of study/learning agreement is approved.				
Departmental coordinator's name, surname, position	Institutional coordinator's name, surname			
Date and signature:	Date and signature:			

Name of student: .					
Sending institution:			Country:		
			Country.		
CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT (to be filled in ONLY if appropriate)					
Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information)	nation package)	Deleted Added course unit unit	Number of ECTS credits	
If necessary, continue this list on a separate sheet					
Student's signature Date:					
SENDING INSTITUTION					
We hereby confirm the above-listed changes to the initially agreed programme of study/learning agreement are approved.					
Departmental coordinator's name, surname, position Institutional coordinator's name, surname				ame	
Date and signature:		Date and signature:			
RECEIVING INSTITUTION					
We hereby confirm the above-listed changes to the initially agreed programme of study/learning agreement are approved.					
Departmental coordinator's name, surname, position Institutional coordinator's name, surname					
Date and signature:		Date and signatu	Date and signature:		