LEARNING AGREEMENT
ACADEMIC YEAR 2018/2019

Admission will not be granted unless this section is fully completed

Student’s name: ..........................................................................................................................

Sending institution: ..................................................................................................................

Field of study: ........................................................................ Country: ........................................

Name of the diploma/degree you are currently studying:

Major/minor/specialization:

Number of higher education years prior to UniLaSalle:

Selected study program at UniLaSalle:

Year: ☐ 2nd year ☐ 3rd year ☐ 4th year ☐ 5th year

Speciality:

Specialization:

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<th>Course code</th>
<th>Course title</th>
<th>SEPT-DEC</th>
<th>JAN-JUNE</th>
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(if necessary, continue this list on a separate sheet) TOTAL ECTS CREDITS

Further remarks for the study plan

I agree to take all exams related to the course

Students’ signature: Date:

I hereby approve the above plan of study/learning agreement:

Sending Institution co-ordinator’s signature: Date:

I hereby approve the above plan of study/learning agreement:

Receiving Institution academic supervisor’s signature: Date:

You have 3 weeks after classes begin to make any changes in your learning agreement