

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:		Study Period		ECTS Credits
Year: <input type="checkbox"/> 2 nd year <input type="checkbox"/> 3 rd year <input type="checkbox"/> 4 th year <input type="checkbox"/> 5 th year Speciality: Specialization:				
Course code	Course title	SEPT-DEC	JAN-JUNE	
<i>(if necessary, continue this list on a separate sheet)</i>				<u>TOTAL ECTS CREDITS</u>

Further remarks for the study plan

I agree to take all exams related to the course	Students' signature:	Date:
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I hereby approve the above plan of study/learning agreement:	Sending Institution co-ordinator's signature:	Date:
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I hereby approve the above plan of study/learning agreement:	Receiving Institution academic supervisor's signature:	Date:
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You have 3 weeks after classes begin to make any changes in your learning agreement