

## **LEARNING AGREEMENT**

## ACADEMIC YEAR 2017/2018

Admission will not be granted unless this section is fully completed

Sending in	nstitution:	Countr				
Name of t studying:	the diploma	/degree you are currently	Number of higher UniLaSalle:	education years	s prior to	
Major/minor/specialization:						
Spring Semester in Nutritional Sciences					ECTS	
Course code	Course title				Credits	
(if necessal	ry, continue th	nis list on a separate sheet)	TOTAL EC	CTS CREDITS		
If you have ch	hosen the <b>Stu</b>	dy trip at the end of the progra	nm: don't forget the <b>€350</b>	<b>) fees</b> due at your a	nrrival	
I agree to take all exams related to the course		Students' signature: Da		te:		
I hereby approve the above plan of study/learning agreement:		Sending Institution co-ordinator's signature:	Dat		te:	
I hereby approve the above plan of study/learning agreement:		Receiving Institution academic supervisor's signa	ature:	Da	Date:	