



UNIVERSITY OF CRAIOVA

13, Al. I. Cuza St.
200585 Craiova, Romania
tel./fax: +40 251 419030

LEARNING AGREEMENT

ACADEMIC YEAR 20__ / 20__
FIELD OF STUDY:

Name of student:	
Sending institution	Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

Receiving institution: University of Craiova	Country: Romania
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Course unit code (if any)	Course unit title (as indicated in the information package)	Number of ECTS credits

(If necessary, continue this list on a separate sheet)

Student's signature: _____	Date: _____
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SENDING INSTITUTION

We confirm that this 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: _____

Name of student:
Sending institution: Country:

CHANGES TO THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Receiving institution:	Country:
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Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
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(If necessary, continue this list on a separate sheet)

Student's signature: _____ Date: _____

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Departmental coordinator's signature _____ Date:	Institutional coordinator's signature _____ Date:
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RECEIVING INSTITUTION

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Departmental coordinator's signature _____ Date:	Institutional coordinator's signature _____ Date:
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