**LEARNING AGREEMENT**

**ACADEMIC YEAR: / STUDY PERIOD:**

**FIELD OF STUDY**:

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| Name of student: Student’s e-mail address: Sending Institution:Country: |

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT**

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| Receiving institution: **Wroclaw University of Environmental and Life Sciences**  Country: **POLAND** |

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| **Course unit code (if any) and page no. of the information package** | **Course unit title (as indicated in the course catalogue)** | **Number of ECTS credits** |
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| **Student’s signature** ……………………………….. **Date**: ………………………………… |

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|  **SENDING INSTITUTION** We confirm that the learning agreement is accepted. Departmental coordinator’s signature Institutional coordinator’s signature ……………………………………………… ……………………………………………………………Date: ………………………………………. Date: …………………………………………………….. |

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|  **RECEIVING INSTITUTION** We confirm that the learning agreement is accepted. Departmental coordinator’s signature Institutional coordinator’s signature ……………………………………………… ……………………………………………………………Date: ………………………………………. Date: …………………………………………………….. |