

LEARNING AGREEMENT

ACADEMIC YEAR 2020/2021

FIELD OF STUDY AT HOME INSTITUTION: _____

Name of student: _____
Sending institution: _____ Country: _____

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

Receiving institution: Università Carlo Cattaneo - LIUC ___ Country: _Italy _

Course unit code	Course unit title (as indicated on the university website)	N. of ECTS credits
TOTAL		

Student's signature
..... Date:.....

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: _____