

**ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM
LEARNING AGREEMENT
ACADEMIC YEAR 2013/2014 - FIELD OF STUDY:**

Name of student:	
Sending institution:	
Country:	Erasmus ID code:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution :
Country:

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits

if necessary, continue the list on a separate sheet

Student's signature	Date:
.....

SENDING INSTITUTION

We confirm that the 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:

Please return the completed learning agreement to our office:

Mag. Dr. Isolde WOOLLEY, MA Erasmus Büro KPH
Edith Stein A-6422 Stams

Tel: +43 5263 5253 27 Fax: +43 5263 5253 28
Email: isolde.woolley@kph-es.at