technische universiteit eindhoven

LEARNING AGREEMENT

ACADEMIC YEAR 20..../20....
FIELD OF STUDY AT TU/e: .....

Name of student:

Sending institution:
Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:

Country:

Course unit code (if any) and page no. of the information package[1]	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 name and signature + official stamp institution	Institutional coordinator's name and signature
.....	.....
Date:	Date: .....

RECEIVING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's name and signature + official stamp institution

.....

Date: .....

[1] Information package can be found at: http://owinfo.tue.nl

Name of student: .....

Sending institution:

..... Country: .....

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code (if any) and page no. of the information package[2]	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....

if necessary, continue this list on a separate sheet

Student's signature

..... Date: .....

SENDING INSTITUTION

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's name and signature + official stamp institution

.....

Date: .....

Institutional coordinator's name and signature

.....

Date: .....

RECEIVING INSTITUTION

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's name and signature + official stamp institution

.....

Date: .....

[2] Information package can be found at: http://owinfo.tue.nl