

**FONTYS UNIVERSITY OF APPLIED SCIENCES  
LEARNING AGREEMENT**

**ACADEMIC YEAR 2006/2007 - FIELD OF STUDY:**

|   |
|---|
| Name of student:                                    |
| Sending institution: ..... Country: The Netherlands |

**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 Credit |
|---|---|-----------------------|
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if necessary, continue the list on a separate sheet

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| Student's signature<br>..... Date: ..... |
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**SENDING INSTITUTION**

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

|                                  |            |
|----------------------------------|------------|
| <u>Departmental Coordinator:</u> | Signature: |
| Name: .....                      | .....      |
| Date: .....                      |            |

**RECEIVING INSTITUTION**

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

|                                  |            |
|----------------------------------|------------|
| <u>Departmental Coordinator:</u> | Signature: |
| Name: .....                      | .....      |
| Date: .....                      |            |

**FONTYS UNIVERSITY OF APPLIED SCIENCES**  
**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 | Course unit title (as indicated in the information package) | Deleted course unit      | Added course unit        | Number of ECTS credits |
|---|---|--------------------------|--------------------------|------------------------|
|   |   | <input type="checkbox"/> | <input type="checkbox"/> |                        |
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|   |   | <input type="checkbox"/> | <input type="checkbox"/> |                        |

if necessary, continue this list on a separate sheet

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| Student's signature<br>..... Date: ..... |
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| <p><b>SENDING INSTITUTION</b></p> <p>We confirm that the above-listed changes to the initially agreed programme of study / learning agreement are approved.</p> <p>Departmental coordinator's name: ..... Departmental coordinator's signature: .....</p> <p>Date: .....</p> |
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| <p><b>RECEIVING INSTITUTION</b></p> <p>We confirm that the above-listed changes to the initially agreed programme of study / learning agreement are approved.</p> <p>Departmental coordinator's name: ..... Departmental coordinator's signature: .....</p> <p>Date: .....</p> |
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