St Mary's University College Twickenham London

ECTS – EUROPEAN CREDIT TRANSFER SYSTEM

LEARNING AGREEMENT

This form should be completed in BLACK in order to be easily copied and/or faxed.

Academic Year _____/_____ Field of Study _____

No of expected ECTS credits _____

Name of student: ……

Sending Institution: …… Country: ……

Name of institutional coordinator: ……

Tel.: …… E-mail: ……

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

Receiving Institution: …… Country: ……

Module Code	Module Title	Semester (1/2)	No of ECTS credits

If necessary please continue this list on a separate sheet

Student's signature: …….. Date: ……/……/……

SENDING INSTITUION

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

Departmental Coordinator's signature **Institutional Coordinator's signature**

…….. Date: ……/……/…… **…….. Date: ……/……/……**

RECEIVING INSTITUION

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

Departmental Coordinator's signature **Institutional Coordinator's signature**

…….. Date: ……/……/…… **…….. Date: ……/……/……**

CHANGES TO ORIGINAL LEARNING AGREEMENT ***(ONLY in appropriate)***

Module Code	Module Title	Semester (1/2)	Deleted module	Added Module	No of ECTS credits

Please state if the above module is being deleted or added
If necessary please continue this list on a separate sheet

Student's signature: …….. Date: ……/……/……

SENDING INSTITUION

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

Departmental Coordinator's signature **Institutional Coordinator's signature**

…….. Date: ……/……/…… **…….. Date: ……/……/……**

RECEIVING INSTITUION

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

Departmental Coordinator's signature **Institutional Coordinator's signature**

…….. Date: ……/……/…… **…….. Date: ……/……/……**

…….. Date: ……/……/…… **…….. Date: ……/……/……**