ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

LEARNING AGREEMENT

HÁSKÓLI ÍSLANDS

Academic Year 20…../20…..

Field of study: ……

Name of student:

Sending institution: UNIVERSITY OF ICELAND **Country**: ICELAND **Erasmus code:** IS REYKJAV01

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:

Country: **Erasmus code:**

Course unit code (if any)	Course unit title (as indicated in the course catalogue)	ECTS credits

Fair translation of grades must be ensured and the student has been informed about the methodology.

Student's signature…… Date: / /

SENDING INSTITUTION

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

Departmental coordinator's signature …… Date: / /

Institutional coordinator's signature …… Date: / /

RECEIVING INSTITUTION

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

Departmental coordinator's signature …… Date: / /

Institutional coordinator's signature …… Date: / /

HÁSKÓLI ÍSLANDS

Name of student:

Sending institution: UNIVERSITY OF ICELAND **Country:** ICELAND **Erasmus code:** IS REYKJAV01

Receiving institution:

Country: **Erasmus code:**

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

Course unit code (if any)	Course unit title (as indicated in the course catalogue)	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 signature

……

Date: / /

Institutional coordinator's 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 signature

……

Date: / /

Institutional coordinator's signature

……

Date: / /