

Facultat de Dret, UAB

**ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM
LEARNING AGREEMENT**

ACADEMIC YEAR 20..../20.... - FIELD OF STUDY:

Name of student:

Sending institution:
..... Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:
..... Country:

HOME UNIVERSITY			HOST UNIVERSITY		
Course unit code (if any)	Course title	Number of ECTS	Course unit code (if any)	Course title	Number of ECTS

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:

Name of student:

Sending institution:

Country:

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

HOST UNIVERSITY						HOME UNIVERSITY	
Course unit code (if any)	Course title	Number of ECTS	Course unit code (if any)	Deleted Course unit	Added Course Unit	Course title	Number of ECTS
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
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				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

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

Institutional coordinator's signature

Date: Date:

RECEIVING INSTITUTION

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

Departmental coordinator's signature

Institutional coordinator's signature

Date: Date: