EUROPEAN CREDITS TRANSFERT SYSTEM
LEARNING AGREEMENT

Academic year 20 / 20 - Semester: Winter ☐ Summer ☐

FIELD OF STUDY: .....

Name of student: .....

Home institution:..... **Country:** .....

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Host institution: UNIVERSITE DU LUXEMBOURG **Country : LUXEMBOURG**

Course unit code	Course unit title	Number of ECTS credits
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.....	.....	.....

(if necessary, continue the list on a separate sheet)

Applicant's signature

Date:

HOME INSTITUTION:
We confirm that the proposed programme of the learning agreement is approved.

Departmental coordinator signature **Institutional coordinator signature**

Date: **Date:**

HOST INSTITUTION: UNIVERSITE DU LUXEMBOURG
We confirm that this proposed programme of the learning agreement is approved.

Departmental coordinator signature **Institutional coordinator signature**

Date: **Date:**

Name of student: .....

Home institution: ..... **Country:** .....

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if applicable)

Course unit code	Course unit title	Deleted course unit	Added course Unit	Number of ECTS credits
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
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.....	.....	☐	☐	.....
.....	.....	☐	☐	.....

(if necessary, continue this list on a separate sheet)

Applicant's signature

Date:

HOME INSTITUTION:

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

Departmental coordinator signature **Institutional coordinator signature**

Date: **Date:**

HOST INSTITUTION: UNIVERSITY OF LUXEMBOURG

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

Departmental coordinator signature **Institutional coordinator signature**

Date: **Date:**