

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM
LEARNING AGREEMENT

ACADEMIC YEAR 20__ /20__ - FIELD OF STUDY: _____

Semester: _____ Period: [month] from _____ to _____

Name of student: _____
Sending institution: <u>UNIVERSITAT ABAT OLIBA CEU E BARCELO31</u>
Country: <u>SPAIN</u>
Receiving institution: _____
Country: _____

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Please, write all courses you wish to attend and/or the subject of your final work

Remember to enclose the course content of all the subjects selected

Course unit title at receiving institution	Component code	ECTS credits	Validated Courses title at UAO	Component code	ECTS credits assigned by UAO
Total:			Total:		

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 the proposed programme of study/learning agreement is approved.	
Departmental coordinator's signature _____	Institutional coordinator's signature _____
Date: __ / __ / __	Date: __ / __ / __

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM
LEARNING AGREEMENT

Name of student: _____ Sending institution: <u>UNIVERSITAT ABAT OLIBA CEU E BARCELO31</u> Country: <u>SPAIN</u>
Receiving institution: _____ Country: _____

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

Course unit title at receiving institution	ECTS credits	Deleted course unit	Added course unit	Validated Courses title at UAO	ECTS credits assigned by UAO
		<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"/>		
		<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"/>		

If necessary, continue this 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 the proposed programme of study/learning agreement is approved. Departmental coordinator's signature _____ Institutional coordinator's signature _____ Date: ___ / ___ / ___ Date: ___ / ___ / ___	