



# SMILE STUDENT LEARNING AGREEMENT

## Among

Name of student: .....

FIELD OF STUDY: .....

School or Faculty at the sending institution: .....

Period of study in the receiving institution: From ...../to.....  
(write month and year)

## And

<b>SENDING INSTITUTION</b>	Approval signature
University:.....	
Academic Co-ordinator:.....	
Contact e-mail:.....	
	(Stamp)

## And

<b>RECEIVING INSTITUTION</b>	Approval signature
University:.....	
Academic Co-ordinator:.....	
Contact e-mail:.....	
	(Stamp)

### DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

Course unit code (if any)	Course unit title (as indicated in the information package)	Number of ECTS credits (or equivalent)
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(continue this list on a separate sheet, if necessary)

<b>Student's signature:</b> .....	<b>Date:</b> .....
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**Revisions to this Learning Agreement, once agreed upon by the student and both host and home institutions, should be documented and added to this form**