



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

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

And

RECEIVING INSTITUTION	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)

Student's signature:	Date:
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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