**ECTS – EUROPEAN CREDIT TRANSFER SYSTEM**

**LEARNING AGREEMENT**

**ACADEMIC YEAR 20..../20..... – FIELD OF STUDY: ...........................**

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| --- |
| Name of student: ..................................................................................................................................................................  Sending institution:................................................................................................. Country: ……................................ |

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

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| Receiving institution:  ................................................................................................ Country: ..................................................................... |

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| Course unit code (if any) and page no. of the information package  .......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... | Course unit title (as indicated in the information package)  ............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ | Number of ECTS credits  .................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... |

If necessary, continue the list on a separate sheet

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| Student’s signature........................................................................................................ Date: ....................................... |

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| --- | --- |
| **SENDING INSTITUTION**  We confirm that the proposed programme of study/learning agreement is approved. | |
| Signature of the person in charge of study programme approval ………………………....... | Date: ……………………….. |

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| --- | --- |
| **RECEIVING INSTITUTION**  We confirm that this proposed programme of study/learning agreement is approved. | |
| Signature of the person in charge of study programme approval ………………………....... | Date: ……………………….. |

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**

(to be filled in ONLY if appropriate)

**ACADEMIC YEAR 20..../20..... – FIELD OF STUDY: ...........................**

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| --- |
| Name of student: .............................................................................................................................................................  Sending institution:  ....................................................................................................... Country: ............................................................ |

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| Course unit code (if any) and page no. of the information package  ...............................  ...............................  ...............................  ...............................  ...............................  ...............................  ...............................  ...............................  ...............................  ............................... | Course unit title (as indicated in the information package)  ..............................................  ..............................................  ..............................................  ..............................................  ..............................................  ..............................................  ..............................................  ..............................................  ..............................................  .............................................. | Deleted  course  unit  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | Added  course  unit  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | Number of  ECTS credits  .......................  .......................  .......................  .......................  .......................  .......................  .......................  .......................  .......................  ....................... |

if necessary, continue this list on a separate sheet

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| Student’s signature  .......................................................................................... Date: ...................................................................... |

|  |  |
| --- | --- |
| **SENDING INSTITUTION**  We confirm that the proposed programme of study/learning agreement is approved. | |
| Signature of the person in charge of study programme approval ………………………....... | Date: ……………………….. |

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| --- | --- |
| **RECEIVING INSTITUTION**  We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved. | |
| Signature of the person in charge of study programme approval ………………………....... | Date: ……………………….. |

**ECTS**

**ЕВРОПЕЙСКАЯ СИСТЕМА ПЕРЕЗАЧЕТА УСЛОВНЫХ ЕДИНИЦ ТРУДОЕМКОСТИ**

**Соглашение об ОБУЧЕНИИ**

**АКАДЕМИЧЕСКИЙ ГОД 20..../20.... – ФАКУЛЬТЕТ: ...........................**

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| Фамилия и имя учащегося: ................................................................................................................................................  Направляющий вуз: …………………………………………………………………………………………………………  ......................................................................................................................................... Страна: ........................................... |

**ДЕТАЛИ ПРЕДЛОЖЕННОЙ ПРОГРАММЫ ОБУЧЕНИЯ ЗА РУБЕЖОМ**

**– СОГЛАШЕНИЯ ОБ ОБУЧЕНИИ**

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| Принимающий вуз: ………………………………………………………………………………………………………..  ................................................................................................................... Страна: .............................................................. |

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| Код дисциплины (если используется) и номер страницы Информационного пакета  .................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................. | Название дисциплины (в соответствии с названием в Информационном пакета)  .................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................. | Количество кредитов ECTS  ......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  ....................................................... |

При необходимости продолжите этот список на отдельном листе

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| Подпись учащегося  ........................................................................................... Дата: .................................................................................. |

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| **НАПРАВЛЯЮЩИЙ ВУЗ**  Мы подтверждаем, что согласны с предложенной программой обучения за рубежом/соглашением об обучении. |
| Подпись координатора  ...................................................................................... Дата: .................................................................................... |

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| **ПРИНИМАЮЩИЙ ВУЗ**  Мы подтверждаем, что согласны с предложенной программой обучения за рубежом/соглашением об обучении. |
| Подпись координатора  ...................................................................................... Дата: .................................................................................... |

**ИЗМЕНЕНИЯ ПЕРВОНАЧАЛЬНО ПРЕДЛОЖЕННОЙ ПРОГРАММЫ**

**/СОГЛАШЕНИЯ ОБ ОБУЧЕНИИ**

(заполняется ТОЛЬКО при необходимости)

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| Код дисциплины (если используется) и номер страницы Информационного пакета  .......................................  .......................................  .......................................  .......................................  .......................................  .......................................  .......................................  .......................................  ………………….……..  ……………………….. | Название дисциплины (в соответствии с названием в Информационном пакета)  ..........................................................  ..........................................................  ..........................................................  ..........................................................  ..........................................................  ..........................................................  ..........................................................  ..........................................................  ..........................................................  .......................................................... | Не изученные дисциплины  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | Добавленные дисциплины  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | Количество кредитов ECTS  ...............................  ...............................  ...............................  ...............................  ...............................  ...............................  ...............................  ...............................  ...............................  ............................... |

При необходимости продолжите этот список на отдельном листе

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| Подпись учащегося  ........................................................................................................... Дата: ...................................................................... |

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| **НАПРАВЛЯЮЩИЙ ВУЗ**  Мы подтверждаем, что согласны с вышеперечисленными изменениями, произведенными в первоначально подписанной программе обучения/соглашении об обучении.  Подпись координатора  ...................................................................................... Дата: .................................................................................... | |
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| **ПРИНИМАЮЩИЙ ВУЗ**  Мы подтверждаем, что согласны с вышеперечисленными изменениями, произведенными в первоначально подписанной программе обучения/соглашении об обучении.  Подпись координатора  ...................................................................................... Дата: .................................................................................... | |
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