**ECTS – EUROPEAN CREDIT TRANSFER SYSTEM**

**LEARNING AGREEMENT**

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

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

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

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

|  |  |  |
| --- | --- | --- |
| 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

|  |
| --- |
| 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: ………………………..  |

|  |
| --- |
| **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: ...........................**

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

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

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. |
| Signature of the person in charge of study programme approval ……………………….......  | Date: ………………………..  |

|  |
| --- |
| **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: ...........................**

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

**ДЕТАЛИ ПРЕДЛОЖЕННОЙ ПРОГРАММЫ ОБУЧЕНИЯ ЗА РУБЕЖОМ**

**– СОГЛАШЕНИЯ ОБ ОБУЧЕНИИ**

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

|  |  |  |
| --- | --- | --- |
| 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

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

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

|  |
| --- |
| **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)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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

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

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

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