

European Federation of Catholic Universities Fédération des universités catholiques Européennes Federación de universidades católicas de Europa

FUCE SCHOLARSHIP MOBILITY PROGRAMME

LEARNING AGREEMENT 2018

Name of student:		
Sending institution:		
	Country:	
DETAILS OF THE PROAGREEMENT	OPOSED STUDY PROGRAMME ABROAI	D/LEARNING
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	

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 this proposed programme of study/learning agreement is approved.					
Departmental coordinator's signature	Institutional coordinator's signature				
Date:	Date:				
Name of student:					
Sending institution:					
	Country:				

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

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		
	••••••			•••••		
•••••				•••••		
Student's signature Date:						
SENDING INSTITUTION						
We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.						
Departmental coordinator's signature Institutional coordinator's signature						
Date: Date:						
RECEIVING INSTITUTION						
We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved.						
Departmental coordinate	Departmental coordinator's signature Institutional coordinator's signature					
Date:	Date:					

To be sent to: FUCE, albert.evrard@unamur.be