LEARNING AGREEMENT

ACADEMIC YEAR: 2020/21 **STUDY PERIOD: Autumn** ☐ **Spring** ☐**….Full year** ☐

Name of student: …….

Study programme at Linköping University: …….

Sending Institution: Linköping University **Country: Sweden**

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: ……. ……. **Country**: … ……..

Course unit code (if any)	Course unit title	Semester (autumn/ spring)	Number of ECTS credits (or equivalent)
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Student's signature …….. **Date**: ……

SENDING INSTITUTION – Linköping University

We confirm that the learning agreement is accepted.
Departmental coordinator's signature

Signature: ……. Date: …….

RECEIVING INSTITUTION

We confirm that the learning agreement is accepted.
Departmental coordinator's signature Institutional coordinator's signature

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Date: ……. Date: ……..