

## The "Ion Ionescu de la Brad" University of Agricultural Sciences and Veterinary Medicine of Iasi, Romania ERASMUS Office



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## LLP - ERASMUS PROGRAMME ERASMUS STUDENT MOBILITY

## **LEARNING AGREEMENT**

ACADEMIC YEAR:	FIELD OF STUDY:							
Name of student:	Country							
Sending institution Country:								
DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT  Receiving Institution: Country:								
Tecciving institution								
Course unit code (if any) and page no. of the information package	Course unit title the information		Number of ECTS credits					
	If no cooper, continue this list	on a congrate chect						
If necessary, continue this list on a separate sheet  Fair translation of grades must be ensured and the student has been informed about the methodology								
Student's signature								
Date:								
SENDING INSTITUTIO	N							
We confirm that this pro	posed programme of study/lea	arning agreement is approv	red.					
Departmental coordinator's signature Institutional coordinator's signature								
Date:		Date:						
RECEIVING INSTITUTION								
We confirm that this pro	posed programme of study/lea	arning agreement is approv	ed.					
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 indi the information pack		Deleted course unit	Added course unit	Number of ECTS credits			
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				П				
		If necessary, co	ntinue this lis	st on a sep	arate sheet			
la								
Student's signature		5 (						
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 INSTITUT	ΓΙΟΝ							
We confirm bye the ab agreement are approve	ove-listed changes to the initiall ed.	y agreed progr	amme of st	tudy/learn	ing			
Departmental coordinator's signature		Institutional coordinator's signature						
Date:		Date:						