UNIVERSITAT DE VIC
UNIVERSITAT CENTRAL
DE CATALUNYA

CAMPUS
Internacional
UVIC·UCC

LEARNING AGREEMENT

ACADEMIC YEAR 20…/20….
STUDY PERIOD: from …. to ….
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 credits
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

If necessary, continue the 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 INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved.

Departmental coordinator's signature and stamp

.....

Date: .....

Institutional coordinator's signature and stamp

.....

Date: .....

RECEIVING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature and stamp

.....

Date: .....

Institutional coordinator's signature and stamp

.....

Date: .....

UNIVERSITAT DE VIC
UNIVERSITAT CENTRAL
DE CATALUNYA

CAMPUS
Internacional
UVIC·UCC

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 credits
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....

If necessary, continue this list on a separate sheet

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 and stamp

.....

Date: .....

Institutional coordinator's signature and stamp

.....

Date: .....

RECEIVING INSTITUTION

We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature and stamp

.....

Date: .....

Institutional coordinator's signature and stamp

.....

Date: .....