**CREDIT TRANSFER AND LEARNING AGREEMENT**

**ACADEMIC YEAR …........./…………, Semester ….**

**FIELD OF STUDY:**

Name of Student :

Home University :

Department :

Country :

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

Host University :

Department :

Country :

|  |  |
| --- | --- |
| **Home University** | **Host University** |
| **Name of Courses** | **Number of Credits** | **Name of Courses** | **Number of Credits** |
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| **In sum:** |  | **In sum:** |  |

Student’s name and signature:

Date:

**HOME UNIVERSITY**

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

 Departmental coordinator’s signature Institutional coordinator’s signature

( ) ( )

Date: Date:

**HOST UNIVERSITY**

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

 Departmental coordinator’s signature Institutional coordinator’s signature

( ) ( )

Date: Date: