

LEARNING AGREEMENT EXCHANGE STUDENTS

Name of student:..... Chosen Exchange programme:.....
 Study period: from to
 Sending institution:Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME LEARNING AGREEMENT

Receiving institution: **HZ University of Applied Sciences** Country: **The Netherlands**

Course unit code (if any)	Course unit title	Number of ECTS Credit

Student's signature

..... Date:

SENDING INSTITUTION

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

Departmental coordinator's signature

..... Date:

RECEIVING INSTITUTION

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

Departmental coordinator's signature

..... Date: