

## Learning Agreement on academic mobility program

ACADEMIC YEAR: 201\_ /201\_

STUDY PERIOD: from \_\_\_\_\_ to \_\_\_\_\_

FIELD OF STUDY: \_\_\_\_\_

Name of student: \_\_\_\_\_  
Students e-mail: \_\_\_\_\_  
Home institution: **Sumy State University, Ukraine**

Host institution: \_\_\_\_\_  
Country: \_\_\_\_\_

### STUDY PROGRAM

Course unit code	Course unit title (as indicated in the course catalogue)	Semester	Number of ECTS credits
Total:			_____

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**Sumy State university, Ukraine**  
We confirm that the learning agreement is approved.  
Departmental coordinator's signature \_\_\_\_\_ Date \_\_\_\_\_  
Local coordinator's signature \_\_\_\_\_ Date \_\_\_\_\_  
Stamp of institution

**HOST INSTITUTION**  
We confirm that the learning agreement is approved.  
Department coordinator's signature \_\_\_\_\_ Date \_\_\_\_\_  
Institution coordinator's signature \_\_\_\_\_ Date \_\_\_\_\_  
Stamp of institution

**CHANGES TO STUDY PROGRAMME**

Course unit code	Course unit title (as indicated in the course catalogue)	Deleted course (discipline)	Added course (discipline)	Number of ECTS credits
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

**Student's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Sumy State University, Ukraine**  
 We confirm that the learning agreement is approved.

Departmental coordinator's signature _____ Date _____	Institution coordinator's signature _____ Date _____
--	---

Stamp of institution

**HOST INSTITUTION**

---

We confirm that the learning agreement is approved.

Departmental coordinator's signature _____ Date _____	Institution coordinator's signature _____ Date _____
--	---

Stamp of institution