## Learning Agreement on academic mobility program

ACADEMIC YEAR:	201_/201_				
	om to				
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Name of student:					
Students e-mail:					
Home institution: <b>Sur</b>	ny State University, Ukraine				
Host institution:					
·					
Country:					
STUDY PROGRAM					
Course unit code	Course unit title (as indicated in the	e unit title (as indicated in the course catalogue)		Number of	
				ECTS credits	
			Total		
		Total:			
Student's sig	gnature	Date			
_					
Sumy State university	, Ukraine				
We confirm that the lea	arning agreement is approved.				
Departmental		T1			
coordinator's signature		Local coordinator's signature			
Date		Date			
a. a					
Stamp of institution					
HOST INSTITUTION	N				
We confirm that the learning agreement is approved.					
Department		Institution			
coordinator's signature		coordinator's signature			
Date		Date			
Stamp of institution					
sump of institution					

## CHANGES TO STUDY PROGRAMME

Stamp of institution

Course unit code	Course unit title (as indicated in the course catalogue)	Deleted course (discipline)	Added course (discipline)	Number of ECTS credits	
Student's signature Date					
Sumy State University, Ukraine We confirm that the learning agreement is approved.  Departmental coordinator's signature Date Stamp of institution		Institution coordinator's signature Date			
Departmental coordinator's si	t the learning agreement is approved.  Institution coordinates a coordinate coordinates approved.	tion nator's signature			