SOCRATES-ERASMUS STUDENT MOBILITY

LEARNING AGREEMENT

FOR ACADEMIC YEAR   2010 / 2011   FIELD OF STUDY: . . . .

Name of student:	. . . .
Sending institution:	WARSAW UNIVERSITY OF TECHNOLOGY . . . .
Faculty of:	Electronics and Information Technology . . . . Country: Poland . . . .

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

Receiving institution:	. . . .
Department:	. . . . Country: . . . .

Course unit code (if any)	Course unit title	Number of credits (hours)
. . . .	. . . .	. . . .
. . . .	. . . .	. . . .
. . . .	. . . .	. . . .
. . . .	. . . .	. . . .
. . . .	. . . .	. . . .
. . . .	. . . .	. . . .
. . . .	. . . .	. . . .
. . . .	. . . .	. . . .

if necessary, continue the list on a separate sheet

Student's signature	Date: . . . .

SENDING INSTITUTION

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

Tutor's signature	Faculty Coordinator's signature
Date:	Date: . . . .

RECEIVING INSTITUTION

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

Departmental coordinator's signature	Institutional coordinator's signature
Date:	Date: . . . .

Name of student:	. . . .
Sending institution:	WARSAW UNIVERSITY OF TECHNOLOGY
Faculty of:	Electronics and Information Technology Country: Poland

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME / LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code (if any)	Course unit title	Deleted course unit	Added course unit	Number credits (hours)
. . . .	. . . .	☐	☐	. . . .
. . . .	. . . .	☐	☐	. . . .
. . . .	. . . .	☐	☐	. . . .
. . . .	. . . .	☐	☐	. . . .
. . . .	. . . .	☐	☐	. . . .
. . . .	. . . .	☐	☐	. . . .
. . . .	. . . .	☐	☐	. . . .
. . . .	. . . .	☐	☐	. . . .
. . . .	. . . .	☐	☐	. . . .
. . . .	. . . .	☐	☐	. . . .
. . . .	. . . .	☐	☐	. . . .
. . . .	. . . .	☐	☐	. . . .

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

Tutor's signature   Faculty Coordinator's signature

Date: . . . .   Date: . . . .

RECEIVING INSTITUTION

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

Departmental coordinator's signature   Institutional coordinator's signature

Date: . . . .   Date: . . . .