

# LLP-ERASMUS STUDENT MOBILITY

## LEARNING AGREEMENT

FOR ACADEMIC YEAR 2012 / 2013

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

Name of student: \_\_\_\_\_

Sending institution: \_\_\_\_\_

Faculty of: \_\_\_\_\_

Country: \_\_\_\_\_

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

Receiving institution: WARSAW UNIVERSITY OF TECHNOLOGY

Faculty of: Electronics and Information Technology

Country: Poland

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)
		<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"/>	
		<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"/>	
		<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"/>	

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: _____