LLP-ERASMUS STUDENT MOBILITY

LEARNING AGREEMENT

FOR ACADEMIC Y	EAR	2012 / 2013	FIELD OF STUDY:					
Name of student:								
	 W/Δ	RSAW HNIVERSIT	Y OF TECHNOLOG					
Sending institution:	WARSAW UNIVERSITY OF TECHNOLOGY Electronics and Information Technology Country: Poland							
Faculty of:	Lice	Luonics and information	on reciniology	Country:	roland			
DETAILS OF TH	HE PI	ROPOSED STUDY	PROGRAMME ABI	ROAD / LEAF	RNING AGREEMENT			
Receiving institution:								
Department:				Country:				
Course unit code (if any)		Со	urse unit title		Number of credits (hours)			
		if naccessary on	entique the list on a congrete	ahoat				
		ii necessary, co	ontinue the list on a separate	Sileet				
Student's signature Date:								
		SENDIN	NG INSTITUTIO	ON				
We confirm th	nat t	ne proposed progra	amme of study / le	earning agre	ement is approved			
Tutor's signature			Faculty Coordin	Faculty Coordinator's signature				
Date:			Date:					
		RECEIVI	NG INSTITUT	ION				
We confirm th	at th	is proposed progr	amme of study / le	earning agre	ement is approved			
Departmental coordinator's signature			Institutional coo	Institutional coordinator's signature				
Date:			Date:					

Name of student:									
 Sending institution:	WARSAW UNIVERSITY OF TECHN	IOLOGY							
Faculty of:	Electronics and Information Technolog		Country:	Polanc	d				
CHANGES T	O ORIGINAL PROPOSED STUDY PI (to be filled in ONLY if a		E / LEAI	RNING /	AGREEMENT				
Course unit code	Course unit title		Deleted course	Added course	Number credits				
(if any)	Course unit title		unit	unit	(hours)				
if necessary, continue this list on a separate sheet									
Student's signature Date:									
	SENDING INST	ITUTION							
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 coord	dinator's signature Institu	Institutional coordinator's signature							
Date:	Date:								