



**LEARNING AGREEMENT**  
**ACADEMIC YEAR ...../..... - FIELD OF STUDY: .....**  
**PERIOD OF STAY (in months): .....**

Name of student:.....  
 Sending institution: Umeå University                      Country: Sweden

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

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

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
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.....	.....	.....
.....	.....	.....

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.  
 Signature of the person in charge of study programme approval ..... 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: Umeå University                      Country: Sweden

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

Course unit code (if any) and page no. of the information package (if applicable)	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
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.....	.....	<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.

Signature of the person in charge of study programme approval : .....

Name : ..... 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 .....

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