 **UNIVERSITY OF CRAIOVA**

13, Al. I. Cuza St.

200585 Craiova, Romania

tel./fax: +40 251 419030

**LEARNING AGREEMENT**

**ACADEMIC YEAR 20\_\_/ 20\_\_**

**FIELD OF STUDY:**

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| **Name of student**: |
| Sending institution Country: |

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

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| Receiving institution: University of Craiova Country: Romania |

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Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**SENDING INSTITUTION**

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

Departmental coordinator's signature Institutional coordinator's signature

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Date: Date:

**RECEIVING INSTITUTION**

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

Departmental coordinator's signature Institutional coordinator's signature

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Date: Date:

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| Name of student: |
| Sending institution: Country: |

**CHANGES TO THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT**

*(to be filled in ONLY if appropriate)*

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| Receiving institution: Country: |

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| Course unit code (if any) and page no. of the information package | Course unit title (as indicated in  the information package) | Deleted course unit | Added course unit | Number of  ECTS credits |
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(*If necessary, continue this list on a separate sheet)*

Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**SENDING INSTITUTION**

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

Departmental coordinator's signature Institutional coordinator's signature

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Date: Date:

**RECEIVING INSTITUTION**

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

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Date: Date: