



FH Salzburg

LEARNING AGREEMENT

Academic year 20__/20__

Study period: from _____ to _____

Field of study: _____

Name of student:

Sending institution:

Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:

Country:

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

Fair translation of grades must be ensured and the student has been informed about the methodology.

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| Student's signature | Date: |
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| SENDING INSTITUTION | We confirm that the proposed programme of study/learning agreement is approved. |
| | Date: |
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| RECEIVING INSTITUTION | We confirm that this proposed programme of study/learning agreement is approved. |
| | Date: |
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