



HÖGSKOLAN PÅ ÅLAND

ECTS - EUROPEAN CREDIT TRANSFER SYSTEM

LEARNING AGREEMENT

ACADEMIC YEAR ..... FIELD OF STUDY: .....

Name of student: .....
Sending institution: ..... Country: .....

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

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

Table with 3 columns: 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

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.

Departmental coordinator's signature ..... Institutional 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: ..... Country: .....



HÖGSKOLAN PÅ ÅLAND

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**

(to be filled in ONLY if appropriate)

Course unit code	Course unit title	Deleted course unit	Added course unit	Number of ECTS credits
.....	.....	<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: .....
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<b>SENDING INSTITUTION</b>	
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: .....

<b>RECEIVING INSTITUTION</b>	
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: .....