ECTS - EUROPEAN CREDIT TRANSFER SYSTEM
LEARNING AGREEMENT

ACADEMIC YEAR

Name student:

Name of sending Institution or University: **Norwegian University of Life Sciences (N AS01)**

Country: **NORWAY**

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Name of receiving Institution or University:

Country:

COURSE SELECTION

Course code	**Course title** (as indicated in the course catalogue)	**Semester**	**Number of ECTS credits**

Student's signature

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

SENDING INSTITUTION

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

Departmental coordinator's signature

.....

Date: .....

Exchange coordinator's signature

.....

Date: .....

RECEIVING INSTITUTION

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

Departmental coordinator's signature

.....

Date: .....

Institutional coordinator's signature

.....

Date: .....

CHANGES TO ORIGINAL PROPOSED LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Name student:

Name of sending Institution or University:

Country:

COURSE SELECTION

Course code	**Course title** (as indicated in the course catalogue	**Deleted course**	**Added course**	**Semester**	**Number of ECTS credits**

Student's signature

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

SENDING INSTITUTION

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

Departmental coordinator's signature

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Date: .....

Exchange coordinator's signature

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Date: .....

RECEIVING INSTITUTION

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Date: .....

Institutional coordinator's signature

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Date: .....