Obraz zawierający tekst, kot, Czcionka, Grafika

Opis wygenerowany automatycznie

**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM**

**CEEPUS - LEARNING AGREEMENT FOR EXCHANGE STUDENTS**

**ACADEMIC YEAR: …………………….. FIELD OF STUDY: ………………………………………**

| **Name of student:** | |
| --- | --- |
| Sending institution: Krakow University of Economics Country: Poland |

**Duration of course unit :** 1 Semester (indicate which one) ..............................................................................

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Study Programme at the Receiving Institution** | | | | |
| Course code | Course unit title | Year | No. of Local Credits | No. of ECTS Credits |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **TOTAL**: |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subjects recognised at the Sending Institution** | | | | |
| Course code | Course unit title | Year | No. of Local Credits | No. of ECTS Credits |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **TOTAL**: |  |  |

|  |  |
| --- | --- |
| Student’s signature .........................................…………. Date........................................……………………….. | |
| **SENDING INSTITUTION**  We confirm that the proposed programme of study/learning agreement is approved. |
| Coordinator’s signature  ...........................................................................  Date: ................................................................... |
| **RECEIVING INSTITUTION**  We confirm that this proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s signature  ...........................................................................  Date: ................................................................... |

| **Name of student:** | |
| --- | --- |
| Sending institution: Krakow University of Economics Country: Poland |

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

(to be filled in ONLY if appropriate)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Changes to the Study Programme at the Receiving Institution | | | | | |
| Course code | Course unit title | Deleted course | Added course | No. of Local Credits | No. of ECTS Credits |
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| Changes to subjects recognised at the Sending Institution | | | | | |
| Course code | Course unit title | Deleted course | Added course | No. of Local Credits | No. of ECTS Credits |
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if necessary, continue this list on a separate sheet

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| --- |
| Student’s signature........................................................................... Date: …………………………………….. |

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| --- |
| **SENDING INSTITUTION**  We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved. |
| Coordinator’s signature  .........................................................................  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  ......................................................................  Date: ............................................................. |