

**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM**

**CEEPUS - LEARNING AGREEMENT FOR EXCHANGE STUDENTS**

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

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

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

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

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| **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**: |  |  |

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| 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)

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| 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:................................................................. |

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| **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: ............................................................. |