

## UNIVERSITY OF WARSAW LEARNING AGREEMENT

ACADEMIC YEAR

Name of student:			
Sending institution:	ry:		
DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEM			
Course unit title (as indicated in the information package)	ECTS credits		
(if necessary, continue the list on a separate sheet)			
Student's signatureDa	te		
SENDING INSTITUTION			
We confirm that this proposed programme of study/learning agreement is approved.			
Faculty coordinator's stamp and signature			
Da	ate		
RECEIVING INSTITUTION – UNIVERSITY OF WARSAW			

## 2. CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Course unit title (as indicated in the information package)	Deleted	Added	ECTS credits	
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(if necessary, continue the list on a separate sheet)				
Student's signature				
SENDING INSTITUTION				
We confirm that this proposed programme of study/learning agreement is approved.				
Faculty coordinator's stamp and signature				
	Date			
RECEIVING INSTITUTION – UNIVERSITY OF WARSAW				
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Faculty coordinator's stamp and signature				
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	Date			