

TRANSILVANIA UNIVERSITY OF BRASOV B.P.C.D.E.F.P OFFICE - BRASOV 29 EROILOR, 500036 BRASOV, ROMANIA

Tel/Fax: +40268473473 E-mail: erasmus@unitbv.ro

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:									
Period of study abroad: From:			n:	То:					
RECEIVING INSTITUTION			J	SENDING INSTITUTION					
Nr. crt.	Course Unit Title	Course code	ECTS credits	Course Unit Title	Number of ECTS credits				
2									
3									
4									
5									
6									
C4 1				Deter					
Student's signature				Date:					
SEND	OING INSTITUTION								
We confirm that the proposed programme of study/learning agreement is approved.									
Departmental coordinator's signature Institutional coordinator's signature									
Date:			Γ	Date:					
RECEIVING INSTITUTION									
We confirm that this proposed programme of study/learning agreement is approved.									
Departmental coordinator's signature Institutional coordinator's signature									
Date:			I	Date:					

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

Name of student:									
Sending institution:		Country:							
Expelled courses (if any) and page no. of	New course code	Rease Not running course	ons Added course	Number of ECTS credits					
the information package		unit	unit						
if necessary, continue this list on a separate sheet									
Student's signature									
Date:									
SENDING INSTITUTION									
We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.									
Departmental coordinator's signature									
Date: Date:									
RECEIVING INSTITUTION									
We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are approved.									
Departmental coordinator'	s signature Institution	Institutional coordinator's signature							
Date:	Date:								

F07-PS6.9-01E/ed.1,rev.0 2