INTERNATIONAL CENTER FOR ADVANCED MEDITERRANEAN AGRONOMIC STUDIES

Mediterranean Agronomic Institute of Chania

LEARNING AGREEMENT (SOCRATES / ERASMUS)

This application should be completed in BLACK in order to be easily copied, faxed or e-mailed

ACADEMIC YEAR: 20..... / 20.....

FIELD OF STUDY: _____

Name of student: _____

Sending institution: _____ **Country:** _____

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: _____ **Country:** _____

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	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 **Institutional coordinator's signature**

_____ _____

Date: _____ **Date:** _____

RECEIVING INSTITUTION

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

Departmental coordinator's signature **Institutional coordinator's signature**

_____ _____

Date: _____ **Date:** _____

Name of student: _____

Sending institution: _____ **Country:** _____

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 **Institutional 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 **Institutional coordinator's signature**

_____ _____

Date: _____ **Date:** _____