



TURUN AMMATTIKORKEAKOULU
TURKU UNIVERSITY OF APPLIED SCIENCES

ECTS - EUROPEAN CREDIT TRANSFER SYSTEM LEARNING AGREEMENT

ACADEMIC YEAR 20 ___ /20 ___ FIELD OF STUDY: _____

Name of student: _____

Sending institution: _____

Country: _____

Receiving institution: _____

Country: _____

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

| 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 |
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| Continue the list on a separate sheet, if needed | | |

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: _____