LEARNING AGREEMENT

ACADEMIC YEAR

FIELD OF STUDY:

Name of student:

Programme at BTH:

Sending Institution: Blekinge Institute of Technology (BTH)   **Country:** Sweden

Receiving Institution: **Country:**

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

Course code	Course	Credits
	Total:	
	If necessary, continue the list.	

COURSES AT SENDING INSTITUTION WHICH WILL BE REPLACED

Course code	Course	Credits
	Total:	
	If necessary, continue the list.	

The student

Student's name and signature: Date:

The sending institution

Responsible programme manager´s name and signature:

Date:

The receiving institution

Responsible person's name and signature:

Date:

CHANGES TO THE ORIGINAL   PROPOSED LEARNING AGREEMENT

Name of student:

Programme at BTH:

Sending Institution: Blekinge Institute of Technology (BTH)   **Country:** Sweden

Receiving Institution: **Country:**

Course code	Course	Deleted	Added	Credits
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
			Total:	
	If necessary, continue the list.			

The student

Student's signature: Date:

The sending institution	**The receiving institution**
Responsible programme manager's name and signature:	Responsible person's name and signature:
Date:	Date: