

(to be filled in BLACK ink)

UNIVERSITY OF MALTA

STUDENT INTERNATIONAL EXCHANGE PROGRAMME – LEARNING AGREEMENT

ACADEMIC YEAR 20...../20..... **FIELD OF STUDY.....**

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

Name of Student: _____	I.D. No.: _____
Name of Sending Institution: _____	Country: _____
Name of Faculty (Sending Institution): _____	

Name of Receiving Institution: _____	Country: _____
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Course unit code	Study-Unit title	Semester	ECTS Value

Student's Signature _____	Date: _____
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SENDING INSTITUTION

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

Signature, Head of Dept/Academic Coordinator Appointed by the Dept

Signature, Head of Dept/Coordinator Appointed by the Dept.

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Name:.....

Name:.....

Date:

Date:

Director's/Dean's Signature

Faculty Officer's Signature

Exchange Co-ordinator's Signature

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Name:.....

Name:.....

Name:.....

Date:

Date:

Date:

RECEIVING INSTITUTION

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

Departmental Co-ordinator's Signature

Exchange Co-ordinator's Signature

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Name:.....

Name:.....

Date:

Date: