

ECTS LEARNING AGREEMENT

ACADEMIC YEAR: 200 /200 **FIELD OF STUDY:**

Name of student:

Sending institution: **Cracow University of Technology**

Country: **Poland**

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

Receiving institution:

..... Country:

Course unit code (if any)	Course unit title	Number of ECTS credits
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if necessary, continue the list on a separate sheet

Student's signature

..... Date:

FOR THE CRACOW UNIVERSITY OF TECHNOLOGY

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

Student's Supervisor

Vice-Dean for Student Affairs

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Date:

Date:

FOR THE RECEIVING INSTITUTION

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

Student's Supervisor

Socrates Co-ordinator

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Date:

Date: