LEARNING AGREEMENT

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

Academic year …………..………. **Study period: from**…………….. **to** …………………

Field of study: ....

Name of student: ....
Sending institution: Universität Bern (CH BERN01)   Country: Switzerland

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: .... Country: ....

Course unit code (if any) and page no. of the course catalogue	Course unit title (as indicated in the course catalogue)	Number of ECTS credits
....	....	....
....	....	....
....	....	....
....	....	....
....	....	....
....	....	....
....	....	....
....	....	....
....	....	....
....	....	....
....	....	....
....	....	....
....	if necessary, continue the list on a separate sheet	....

Fair translation of grades must be ensured and that the student has been informed about the methodology

Student's signature*... Date: ....

SENDING INSTITUTION
We confirm that the proposed programme of study/learning agreement is approved.
Departmental coordinator's signature
Date: ....   Signature/Stamp: ....

RECEIVING INSTITUTION
We confirm that this proposed programme of study/learning agreement is approved.
Departmental coordinator's signature
Date: ....   Signature/Stamp: ....

* The student keeps the document with the original signatures, the sending and receiving institutions have to keep a copy or a scan.

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

<u>(to be filled in ONLY if appropriate)</u>

Name of student: ....

Sending institution: Universität Bern (CH BERN01)   Country: Switzerland

Course unit code (if any) and page no. of the course catalogue	Course unit title (as indicated in the course catalogue)	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 proposed programme of study/learning agreement is approved.

<u>Departmental coordinator's signature</u>

Date: ....   Signature/Stamp: ....

RECEIVING INSTITUTION

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

<u>Departmental coordinator's signature</u>

Date: ....   Signature/Stamp: ....

* The student keeps the document with the original signatures, the sending and receiving institutions have to keep a copy or a scan.