



**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM
LEARNING AGREEMENT
ACADEMIC YEAR 2010/2011**

FIELD OF STUDY: _____

AREA OF AGREEMENT:

Student: (surname) _____	(name) _____
Sending Institution: _____	
Faculty: _____	
Erasmus Code: _____	Country: _____

Receiving Institution: UNIVERSITA' DEGLI STUDI DI SASSARI
Erasmus Code: ISASSARI01

[illegible]

if necessary, continue the list on a separate sheet

Student's signature:

Date: ____/____/____

SENDING INSTITUTION

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

Departmental Coordinator's signature

Prof.....

.....

Date: ____/____/____

Institutional Coordinator's signature

.....

Date: ____/____/____

RECEIVING INSTITUTION

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

Departmental Coordinator's signature

Prof.....

.....

Date: ____/____/____

Institutional Coordinator's signature

Prof. Pier Luigi Fiori

.....

Date: ____/____/____

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

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

Student's signature

Date: ____/____/____

SENDING INSTITUTION

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental Coordinator's signature

Prof.....

.....

Date: ____/____/____

Institutional Coordinator's signature

Prof.....

.....

Date: ____/____/____

RECEIVING INSTITUTION

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

Departmental Coordinator's signature

Prof.....

.....

Date: ____/____/____

Institutional Coordinator's signature

Prof. Pier Luigi Fiori

.....

Date: ____/____/____