RIPARTIZIONE IX
RELAZIONI INTERNAZIONALI

SAPIENZA
UNIVERSITÀ DI ROMA

ECTS – EUROPEAN CREDIT TRANSFER SYSTEM[1]
LEARNING AGREEMENT
Undergraduate and Graduate Students

ACADEMIC YEAR 20..../20.... – COURSE OF STUDY: .....

Name of student:
.....
Sending institution: **UNIVERSITY OF ROME LA SAPIENZA – UNIROMA1** Country: **ITALY**

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: ..... Country.....
Proposed length of study period: from.....to.....

Course unit code (if any)	Course unit title (as indicated in the information package)	Number ECTS Credits	Equivalent course in Sapienza	Number of Credits*
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if necessary, continue the list on a separate sheet
* 1 Credit in Sapienza = 1 ECTS credit

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

SENDING INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved and that all credits can be transferred back in the student's course of study at the home university.

Signature of the Course of study coordinator/president: .....

Stamp and date: .....

RECEIVING INSTITUTION

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

Departmental coordinator's signature: .....

Stamp and date: .....

[1] If applicable.

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Name of student: .....

Sending institution: **UNIVERSITY OF ROME LA SAPIENZA** Country: ITALY

Deleted Course unit code (if any)	Added Course unit title (as indicated in the information package)	ECTS Credits	Equivalent course in Sapienza	Number of Credits*
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if necessary, continue the list on a separate sheet
* 1 Credit in Sapienza = 1 ECTS credit

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

SENDING INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved and that all credits can be transferred back in the student's course of study at the home university.

Signature of the Course of study coordinator/president: .....

Stamp and date: .....

RECEIVING INSTITUTION

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

Departmental coordinator's signature: .....

Stamp and date: .....