



LEARNING AGREEMENT
ECTS – EUROPEAN CREDIT TRANSFER SYSTEM¹
(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:
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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. This Learning Agreement does not refer to any specific students' mobility agreements between Sapienza and other universities or to any specific project.



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: