

Dnr DUC



LEARNING AGREEMENT

Exchange programmes

Academic year 20.../ 20...

Study period: from to

Personnr/Civic registration nr:

Name

Address.....

.....

Phone.....

E-mail.....

Study programme or subject area:.....

Programme code

Sending institution: **DALARNA UNIVERSITY SFALUN01** Country: **SWEDEN**

Sending Institution: Högskolan Dalarna (Dalarna University) Sweden

SFALUN01

Civic registration nr:..... 2/6

Receiving institution: Country:

(Erasmus code).....

LEARNING AGREEMENT

Details of proposed studies
abroad

Course code	Course name		Number of credits (ECTS or local)	Assessed as		Signature of Head of Department
	Original language	English		Level (G1/G2/A) <i>(to be filled by Head of Department!)</i>	Main Field of Study	

Approved at Dalarna University by the undersigned

Head of Department (ämnesansvarig).....

Student.....Date:.....

Dalarna University's confirmation

We confirm that the proposed learning agreement is approved.

.....

Academic Board's Co-ordinator

.....

Institutional Erasmus Co-ordinator

Date:

Date:

Receiving Institution

We confirm that this proposed learning agreement is approved.

.....

Departmental coordinator's signature

.....

Institutional coordinator's signature

Date:

Date:

N B: Official course descriptions must accompany the application for a correct assessment

This document is proof of possible transfer of credits, provided the applicant passes the course units and provides official transcripts of records from the receiving institution upon completion of the exchange period.

Sending Institution: Högskolan Dalarna (Dalarna University) Sweden

SFALUN01

Civic registration nr:..... 4/6

CHANGES TO ORIGINAL PROPOSED LEARNING AGREEMENT

Course code	Course name		Number of credits (ECTS or local)	Assessed as		Signature Head of Department	Added course	Deleted course
	Original language	English		Level (G1/G2/A)	Main Field of Study			

Approved at DU by the undersigned

Head of Department (ämnesansvarig).....

Student..... Date:.....

Dalarna University's confirmation

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

.....

Academic Board's Co-ordinator

Institutional Erasmus Co-ordinator

Date:

Date:

Receiving Institution

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

.....

.....

Departmental coordinator's signature

Institutional coordinator's signature

Date:

Date:

REPLACEMENT OF COURSES WITHIN THE STUDY PROGRAMME:

Programme Code

Name

Course name and code at partner university	Replaces course code in programme at DU

Date.....

.....

.....

Student's signature

Programme Director's signature
(programansvarig)