**PROPOSED STUDY PROGRAMME / LEARNING AGREEMENT**

**ACADEMIC YEAR: 20…/20…. FIELD OF STUDY:** ...................................

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| Name of student: ..................................................................................................................................................................Sending institution: …………………………………………………………………. Country: …………… |

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD**

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| RECEIVING INSTITUTION: **MARIA CURIE-SKLODOWSKA UNIVERSITY** Country: **POLAND** |

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| Course code(if applicable) | Course unit title (as indicated in the information package) | Number of ECTS credits |
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if necessary, continue the list on a separate sheet

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| Student’s signature............................................................................................................... Date: ............................................................ |

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| **Language competence of the student**The level of language competence in ……………… *[language of instruction]* that the student already has or agrees to acquire by the start of the study period (for the above-mentioned dates) is:A1 🞏 A2 🞏 B1 🞏 B2 🞏 C1 🞏 C2 🞏 |

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| **SENDING INSTITUTION: ……………………………………………………………….**We confirm that this proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s signatureDate: ................................................................... |  Mobility coordinator’s signatureDate: ................................................................................. |

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| **RECEIVING INSTITUTION: MARIA CURIE-SKLODOWSKA UNIVERSITY** Country: **POLAND** We confirm that the proposed programme of study/learning agreement is approved. |
| Departmental coordinator’s signatureDate:........................................... | Faculty Dean's signatureDate:........................................... | Mobility coordinator’ s signatureDate: ................................ |