

LEARNING AGREEMENT

SOCRATES / ERASMUS

ATHENS UNIVERSITY OF ECONOMICS AND BUSINESS G - ATHINE 04



ACADEMIC YEAR: 20⁰³ / 20⁰⁴

FIELD OF STUDY: BUSINESS ADMINISTRATION



NAME OF STUDENT: XXXXXXXX AIMILIOS

SENDING INSTITUTION: ATHENS UNIVERSITY OF ECONOMICS AND BUSINESS

COUNTRY: HELLAS



DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

RECEIVING INSTITUTION: BRUNEL UNIVERSITY

COUNTRY: UK

COURSE UNIT CODE (if any) AND PAGE No. OF THE INFORMATION PACKAGE	COURSE UNIT TITLE (as indicated in the information package)	NUMBER OF ECTS CREDITS
EC 2023 A	FINANCIAL STATEMENT ANALYSIS	10
EC 2024	CORPORATE FINANCE	20
		30

STUDENT'S SIGNATURE: (signature)

Date: 17.09.2003

SENDING INSTITUTION

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

Departmental coordinator's signature
(signature)

Institutional coordinator's signature
(signature)

Date: 30.09.2003

Date: 30.09.2003

RECEIVING INSTITUTION

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

Departmental coordinator's signature
(signature)

Institutional coordinator's signature
(signature)

Date: 27.10.2003

Date: 27.10.2003

NAME OF STUDENT: XXXXXXXX AIMILIOS
SENDING INSTITUTION: ATHENS UNIVERSITY OF ECONOMICS AND BUSINESS **COUNTRY:** HELLAS

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 (as indicated in the information package)	DELETED COURSE UNIT	ADDED COURSE UNIT	NUMBER OF ECTS CREDITS

If necessary, continue thiw 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

Institutional coordinator's signature

Date:

Date:

RECEIVING INSTITUTION

We confirm that 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: