**PROPOSED STUDY PROGRAMME / LEARNING AGREEMENT**

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

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

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD**

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

|  |  |  |
| --- | --- | --- |
| Course code(if applicable) | Course unit title (as indicated in the information package) | Number of ECTS credits |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

if necessary, continue the list on a separate sheet

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

|  |
| --- |
| **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 🞏 |

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

|  |
| --- |
| **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: ................................ |

**CHANGES TO**

**ORIGINAL PROPOSED STUDY PROGRAMME / LEARNING AGREEMENT**

(to be filled in ONLY if appropriate)

|  |
| --- |
| Name of student: .............................................................................................................................................................Receiving institution: **MARIA CURIE-SKLODOWSKA UNIVERSITY** Country: **POLAND** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course unit code (if any)  | Course unit title (as indicated in the information package) | **Deleted**courseunit | Addedcourseunit | Number ofECTS credits |
|  |  | 🞏 | 🞏 |  |
|  |  | 🞏 | 🞏 |  |
|  |  | 🞏 | 🞏 |  |
|  |  | 🞏 | 🞏 |  |
|  |  | 🞏 | 🞏 |  |
|  |  | 🞏 | 🞏 |  |
|  |  | 🞏 | 🞏 |  |
|  |  | 🞏 | 🞏 |  |
|  |  | 🞏 | 🞏 |  |
|  |  | 🞏 | 🞏 |  |
|  |  | 🞏 | 🞏 |  |
|  |  | 🞏 | 🞏 |  |

if necessary, continue this list on a separate sheet

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

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

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