



**LEARNING AGREEMENT FOR APPLICANTS OF
ERASMUS+ Credit Mobility 2015/16**

Academic Year: 2015/16, summer semester
Period of Study: From: _____ To: _____
Field of Study: _____
Name and Surname: _____
Sending University: _____
Country: _____

DETAILS OF THE PROPOSED STUDY PROGRAMME/ LEARNING AGREEMENT
http://iso.uni.lodz.pl/wp-content/uploads/2015/03/courses_uni_of_lodz_2015_16.pdf

Receiving Institution: UNIVERSITY OF LODZ (PL LODZ 01)		Country: POLAND	
Course Unit Code	Course Unit Title*	Semester (winter or summer)	Number of ECTS Credits
Student's Signature: _____		Date: _____	

SENDING INSTITUTION: We confirm that this proposed programme of study/ Learning Agreement is approved. Departmental Coordinator's Signature: _____ Institutional Coordinator's Signature: _____	
Date: _____	Date: _____
RECEIVING INSTITUTION: We confirm that this proposed programme of study/ Learning Agreement is approved. Departmental Coordinator's Signature: _____	
Date: _____	

*PLEASE MAKE SURE AT LEAST 51% OF THE CHOSEN SUBJECTS SHOULD BE FROM ONE LEADING FACULTY.