

**LEARNING AGREEMENT FOR APPLICANTS OF
ERASMUS+ Credit Mobility summer semester 2019/20**

Academic Year: 2019/20, winter semester		
Period of Study:	From:	To:
Field of Study:		
Name and Surname:		
Sending University:		
Country:		

DETAILS OF THE PROPOSED STUDY PROGRAMME/ LEARNING AGREEMENT

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.