

**E****I**

# EINA GO

## Learning Agreement

Name and surname:	ID:
Sending institution:	Faculty/Department:
Receiving institution:	Faculty Department:
Planned period of the mobility:	From: ...../...../..... To: ...../...../.....

### Study Programme

Study Programme at the receiving institution			Study Programme at the sending institution		
Code	Component title	ECTS credits	Code	Component title	ECTS credits
		TOTAL			TOTAL

Student signature:
Date:

Receiving institution	Sending institution
<b>Responsible person at the receiving institution</b>	<b>Responsible person at the sending institution</b>
Signature .....	Signature .....
Date:	Date:

**N****A**