



STAY

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
Responsible persone at the receiving institution	Responsible persone at the sending institution
Signature	Signature
Date:	Date:

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