

E

STAY

Learning Agreement

I

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

N**A**