

# LLP-ERASMUS STUDENT MOBILITY

## LEARNING AGREEMENT

FOR ACADEMIC YEAR 2012 / 2013

FIELD OF STUDY: \_\_\_\_\_

|                      |   |          |               |
|----------------------|---|----------|---------------|
| Name of student:     | _____   |          |               |
| Sending institution: | <u>WARSAW UNIVERSITY OF TECHNOLOGY</u>        |          |               |
| Faculty of:          | <u>Electronics and Information Technology</u> | Country: | <u>Poland</u> |

### DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

|                        |       |          |       |
|------------------------|-------|----------|-------|
| Receiving institution: | _____ |          |       |
| Department:            | _____ | Country: | _____ |

| Course unit code<br>(if any) | Course unit title | Number of credits<br>(hours) |
|------------------------------|-------------------|------------------------------|
|                              |                   |                              |
|                              |                   |                              |
|                              |                   |                              |
|                              |                   |                              |
|                              |                   |                              |
|                              |                   |                              |
|                              |                   |                              |
|                              |                   |                              |

if necessary, continue the list on a separate sheet

|                           |             |
|---------------------------|-------------|
| Student's signature _____ | Date: _____ |
|---------------------------|-------------|

### SENDING INSTITUTION

|  |                                       |
|--|---------------------------------------|
| We confirm that the proposed programme of study / learning agreement is approved |                                       |
| Tutor's signature _____  | Faculty Coordinator's signature _____ |
| Date: _____  | Date: _____                           |

### RECEIVING INSTITUTION

|   |   |
|---|---|
| We confirm that this proposed programme of study / learning agreement is approved |   |
| Departmental coordinator's signature _____  | Institutional coordinator's signature _____ |
| Date: _____   | Date: _____                                 |

|                      |  |          |        |
|----------------------|--|----------|--------|
| Name of student:     |  |          |        |
| Sending institution: | WARSAW UNIVERSITY OF TECHNOLOGY        |          |        |
| Faculty of:          | Electronics and Information Technology | Country: | Poland |

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME / LEARNING AGREEMENT**  
(to be filled in ONLY if appropriate)

| Course unit code<br>(if any) | Course unit title | Deleted<br>course<br>unit | Added<br>course<br>unit  | Number credits<br>(hours) |
|------------------------------|-------------------|---------------------------|--------------------------|---------------------------|
|                              |                   | <input type="checkbox"/>  | <input type="checkbox"/> |                           |
|                              |                   | <input type="checkbox"/>  | <input type="checkbox"/> |                           |
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|                              |                   | <input type="checkbox"/>  | <input type="checkbox"/> |                           |
|                              |                   | <input type="checkbox"/>  | <input type="checkbox"/> |                           |
|                              |                   | <input type="checkbox"/>  | <input type="checkbox"/> |                           |
|                              |                   | <input type="checkbox"/>  | <input type="checkbox"/> |                           |
|                              |                   | <input type="checkbox"/>  | <input type="checkbox"/> |                           |
|                              |                   | <input type="checkbox"/>  | <input type="checkbox"/> |                           |

if necessary, continue this list on a separate sheet

|                           |             |
|---------------------------|-------------|
| Student's signature _____ | Date: _____ |
|---------------------------|-------------|

**SENDING INSTITUTION**

|   |                                 |
|---|---------------------------------|
| We confirm that the above-listed changes to the initially agreed programme of study / learning agreement are approved |                                 |
| Tutor's signature   | Faculty Coordinator's signature |
| Date: _____   | Date: _____                     |

**RECEIVING INSTITUTION**

|   |                                       |
|---|---------------------------------------|
| We confirm that the above-listed changes to the initially agreed programme of study / learning agreement are approved |                                       |
| Departmental coordinator's signature  | Institutional coordinator's signature |
| Date: _____   | Date: _____                           |