## LEARNING AGREEMENT

**Academic year 20\_\_/20\_\_**

**Field of study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Study period: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Name of student:**Sending institution: Kazakh National Women’s Teacher Training University**Country:** Republic of Kazakhstan |

**Details of the proposed study programme abroad**

|  |
| --- |
| Receiving institution: Country:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course****Code if any** | **Course title** | **Semester** | **Receiving institution credits** |  **ECTS credits** |
| **----------------------------------------------------------------------------------------------------------------------------------------------------------------** | **----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------** | **------------------------------------------------------------------------------------------------------------------------** | **------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------** | **--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------** |

|  |
| --- |
| Student’s signature:....................................... Date:.................................... |

|  |
| --- |
| **Sending institution: Kazakh National Women’s Teacher Training University**We confirm that the proposed programme of study/learning agreement is approvedDepartmental coordinator’s signature Institutional 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: -------------------------------------

**Changes to original proposed study programme / learning agreement**

(to be filled in only if appropriate)

|  |
| --- |
| **Name of student:**Sending institution: **Country:**  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course code if any** | **Course title (as indicated in the information package)** | **Semester** | **Deleted Added****course course****unit     unit** | **ECTS Credits** |
| -------------------------------------------------------------------------------------------------------------------------------------------------------------------------- | ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- | -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- | -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- | ------------------------------------------------------------------------------------------------------------------------------------------------------------------------ |

|  |
| --- |
| Student’s signature: ...................     Date: ....................... |

|  |
| --- |
| **Sending institution:**We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approvedDepartmental coordinator’s signature   Institutional coordinator’s signature------------------------------------   ------------------------------------Date: ----------------------------  Date: --------------------------------- |

|  |
| --- |
| **Receiving institution:** We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approvedDepartmental coordinator’s signature    Institutional coordinator’s signature------------------------------------   ------------------------------------Date: ----------------------------- Date: --------------------------------- |