



**ECTS – EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM  
LEARNING AGREEMENT**

ACADEMIC YEAR \_\_\_\_ / \_\_\_\_

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

Student's name _____	Civic Registration Number _____
Sending Institution <b>Mälardalen University</b>	
Country <b>Sweden</b>	Erasmus Code <b>S VASTERA 01</b>

**DETAILS OF THE PROPOSED STUDY PROGRAM ABROAD / LEARNING AGREEMENT**

Receiving Institution _____	_____
Country _____	Erasmus Code _____

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*if necessary, continue the list on a separate sheet.*

Student's signature _____	Date _____
---------------------------	------------

<b>SENDING INSTITUTION</b>	
We confirm that the proposed program of study / learning agreement is approved.	
Departmental coordinator's signature _____	Institutional coordinator's signature _____
Date: _____	Date: _____

<b>RECEIVING INSTITUTION</b>	
We confirm that this proposed program of study / learning agreement is approved.	
Departmental coordinator's signature _____	Institutional coordinator's signature _____
Date: _____	Date: _____



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

Student's name _____	Civic Registration Number _____
Sending Institution <b>Mälardalen University</b>	
Country <b>Sweden</b>	Erasmus Code <b>S VASTERA 01</b>

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
_____	_____			_____
_____	_____			_____
_____	_____			_____
_____	_____			_____
_____	_____			_____
_____	_____			_____
_____	_____			_____
_____	_____			_____
_____	_____			_____
_____	_____			_____

*if necessary, continue the list on a separate sheet.*

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

<b>SENDING INSTITUTION</b>	
We confirm that the proposed program of study / learning agreement is approved.	
Departmental coordinator's signature _____	Institutional coordinator's signature _____
Date: _____	Date: _____

<b>RECEIVING INSTITUTION</b>	
We confirm that this proposed program of study / learning agreement is approved.	
Departmental coordinator's signature _____	Institutional coordinator's signature _____
Date: _____	Date: _____