



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

ACADEMIC YEAR ____ / ____

FIELD OF STUDY: _____

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

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

RECEIVING INSTITUTION	
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 Mälardalen University	
Country Sweden	Erasmus Code S VASTERA 01

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

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