

Peter the Great St.Petersburg Polytechnic University

Приложение 1

LEARNING AGREEMENT FOR STUDIES

	The Student		
Last name (s)	First name (s)		
Date of birth	Nationality		
Sex [<i>M/F</i>]	Period of stay		
Study cycle	E-mail	Total mail	
	Sending Institution		
Name	Country		
Address	Contact person name		
Faculty	Contact person		

Receiving Institution

Field of

study

Contact person

position

e-mail

Name	Country	
Address	Contact person name	
Institute	Contact person position	
Field of study	Contact person e-mail	



Peter the Great St.Petersburg Polytechnic University

Details of the proposed study programme abroad/learning agreement

Name of institution	Course unit title (as indicated in the Course Catalogue for Exchange Students)		Semester (autumn/spring)		Number of ECTS credits	
16						
if necessary, continu has been informed a	ve this list on a separate sheet. Fai bout the methodology.	ir translati	on of grades mu	st be ensu	red and the student	
Student's signatur	e:			Date:		
Sending institution	1					
We confirm that the	e learning agreement is accepted	ł.				
Departmental co	ordinator:	Institu	tional coordina	tor:		
Name:		Name:				
Signature:		Signat	ure:			
Date:		Date:				
Receiving institution						
	JII.					
	loarning agreement is assets	1				
We confirm that the	e learning agreement is accepted		danal assemb			
We confirm that the Departmental co	- 100 Maria	Institu	ional coordina	tor:		
We confirm that the Departmental co	- 100 Maria	Institut		tor:		
We confirm that the	- 100 Maria	Institu		tor:		



Peter the Great St.Petersburg Polytechnic University

Changes to original proposed learning agreement

(to be filled in ONLY if appropriate)

Name of institution	Course unit title (as indica in the Course Catalo for Exchange Stude	gue course	Added course unit	Number of ECTS credits
If necessary, continue this l	list on a separate sheet.			
Student's signature:		Date:		
Sending institution We confirm that the change	ges to learning agreement are	accepted		
Departmental coordina	tor:	Institutional coord	inator:	
Name:		Name:		
Signature:		Signature:		
Date:				
Receiving institution: Pet	ter the Great St. Petersburg	Polytechnic Univers	sitv. Russia	
	ges to learning agreement are			
Departmental coordina	tor:	Institutional coord	inator:	
Name:		Name:		
Signature:		Signature:		
Date:				