

**LEARNING AGREEMENT FOR STUDIES****The Student**

Last name (s)		First name (s)	
Date of birth		Nationality	
Sex [M/F]		Period of stay	
Study cycle		E-mail	

**Sending Institution**

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

**Receiving Institution**

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

## 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

*If necessary, continue this list on a separate sheet. Fair translation of grades must be ensured and the student has been informed about the methodology.*

<b>Student's signature:</b>	<b>Date:</b>
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### Sending institution

We confirm that the learning agreement is accepted.

<b>Departmental coordinator:</b> <b>Name:</b> <b>Signature:</b> <b>Date:</b>	<b>Institutional coordinator:</b> <b>Name:</b> <b>Signature:</b> <b>Date:</b>
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### Receiving institution:

We confirm that the learning agreement is accepted.

<b>Departmental coordinator:</b> <b>Name:</b> <b>Signature:</b> <b>Date:</b>	<b>Institutional coordinator:</b> <b>Name:</b> <b>Signature:</b> <b>Date:</b>
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## Changes to original proposed learning agreement

(to be filled in ONLY if appropriate)

Name of institution	Course unit title (as indicated in the Course Catalogue for Exchange Students)	Deleted course unit	Added course unit	Number of ECTS credits
		<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:
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### Sending institution

We confirm that the changes to learning agreement are accepted

<b>Departmental coordinator:</b> Name: Signature: Date:	<b>Institutional coordinator:</b> Name: Signature: Date:
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### Receiving institution: Peter the Great St. Petersburg Polytechnic University, Russia

We confirm that the changes to learning agreement are accepted

<b>Departmental coordinator:</b> Name: Signature: Date:	<b>Institutional coordinator:</b> Name: Signature: Date:
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