



COMUNDUS European Consortium

ECTS - EUROPEAN CREDIT TRANSFER SYSTEM

LEARNING AGREEMENT

ACADEMIC YEAR: 2009/2010

FIELD OF STUDY:

COMUNDUS EUROPEAN MASTER OF ARTS IN MEDIA COMMUNICATION AND CULTURAL STUDIES

Name of student:

First Hosting Institution 1st choice:.....
Country:.....

Second Hosting Institution 1st choice

Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT AT FIRST HOSTING INSTITUTION

Corse unit title	Lecturer	Number of ECTS credits

If necessary, continue this list on a separate sheet

DETAILS OF THE PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT AT SECOND HOSTING INSTITUTION

Corse unit title	Lecturer	Number of ECTS credits

If necessary, continue this list on a separate sheet

Student's signature.....
Date:.....

FIRST HOSTING INSTITUTION

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

SECOND HOSTING INSTITUTION

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

**CHANGES TO THE ORIGINALLY PROPOSED STUDY PROGRAMME /LEARNING AGREEMENT – NOT TO BE FILLED IN AT THE MOMENT OF THE APPLICATION
(to be filled in ONLY IF ANY CHANGE WILL OCCUR LATER)**

Name of student:
First Hosting Institution..... Country:.....

AT FIRST HOSTING INSTITUTION

Course unit title	Lecturer	Deleted course unit	Added course unit	Number of ECTS credits

If necessary, continue this list on a separate sheet

AT SECOND HOSTING INSTITUTION

Course unit title	Lecturer	Deleted course unit	Added course unit	Number of ECTS credits

If necessary, continue this list on a separate sheet

Student's signature
Date:

FIRST HOSTING INSTITUTION

We confirm that the above-listed <u>changes</u> to the initially proposed programme of study/learning agreement are approved.	
Departmental coordinator's signature	Institutional coordinator's signature
Date:	Date:

SECOND HOSTING INSTITUTION

We confirm that the above-listed <u>changes</u> to the initially proposed programme of study/learning agreement are approved.	
Departmental coordinator's signature	Institutional coordinator's signature
Date:	Date: