

SMILE STUDENT LEARNING AGREEMENT

Between

Home: SMILE Co-ordinator: E-mail:

And

Host: SMILE Co-ordinator: E-mail:

Name of student:

ACADEMIC SEMESTER /YEAR:/.....

FIELD OF STUDY:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

Course unit code (if any)	Course unit title (as indicated in the information package)	Number of ECTS credits (or equivalent)
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(continue this list on a separate sheet, if necessary)

Student's signature: 	Date:
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HOME INSTITUTION

We confirm that this proposed programme of study / learning agreement is approved and will be recognized.

SMILE Co-ordinator's signature

E-mail:

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Date:

HOST INSTITUTION

We confirm that this proposed programme of study / learning agreement is approved and that the student is accepted as an exchange student at the institution.

Departmental co-ordinator's signature

SMILE co-ordinator's signature

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E-mail:

E-mail:

Date:.....

Date:.....