



UNIVERSITY OF CRAIOVA

LLP/ERASMUS Office

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LEARNING AGREEMENT

ACADEMIC YEAR 20.../ 20... - FIELD OF STUDY:

Name of student:	
Sending institution: UNIVERSITATEA DIN CRAIOVA	Country: ROMANIA

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

Receiving institution:	Country:
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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 this list on a separate sheet)

Student's signature: _____	Date: _____
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SENDING INSTITUTION

We confirm that this proposed programme of study / learning agreement is approved.

Departmental coordinator's signature	Institutional coordinator's signature Prof.univ.dr. Nicolae PANEA
Date: _____	Date: _____

RECEIVING INSTITUTION

We confirm that this proposed programme of study / learning agreement is approved.

Departmental coordinator's signature	Institutional coordinator's signature
_____	_____
Date: _____	Date: _____

Name of student:	
Sending institution:	Country:

CHANGES TO THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Receiving institution:	Country:
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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
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(If necessary, continue this list on a separate sheet)

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_____	_____
Date: _____	Date: _____