**LEARNING AGREEMENT**

*Please fill in by computer.*
Academic year: 202\_\_ /202\_\_\_

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| **Surname:**       First name:      **Home address:**      **E-mail address**:      **Degree programme (or major) at the home university**:      **Degree programme at Karelia**:       |

**DETAILS OF THE PROPOSED STUDY PROGRAMME
Receiving Institution**: Karelia University of Applied Sciences, Tikkarinne 9, 80200 Joensuu. Email: mobility@karelia.fi

* **Sending institution**:
* **Period of exchange**: (dd/mm/year) FROM:      /     /20      TO      /     20
* **Exchange programme**: [ ]  Bilateral agreement [ ]  Nordplus [ ]  Other

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| **Course unit code** (if any)                                if necessary, add lines to the table | **Course unit title**                               | **Number of ECTS credits**                                |

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| **STUDENT’S SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SENDING INSTITUTION -** We confirm that the proposed programme of study / learning agreement is approved.Departmental coordinator’s name:      Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**RECEIVING INSTITUTION -** We confirm that this proposed learning agreement is approved.Departmental coordinator’s name:      Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please attach the filled and signed document to your application in the SoleMove system.  |