**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](mailto: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. |