CONSERVATORIO VIVALDI
Istituto di Alta Formazione Musicale

Education and Culture DG
Lifelong Learning Programme

ERASMUS Since 1987

LIFELONG LEARNING PROGRAMME/ ERASMUS – ECTS

LEARNING AGREEMENT

ACADEMIC YEAR: 20…/20… **STUDY PERIOD: from…….. to……**
FIELD OF STUDY:

Name of student: ……
Student's e-mail address:……
Sending Institution: ……... **Country:** ……..……

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: ……. ……. **Country**: … ……..

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the course catalogue)	Semester (autumn/ spring)	Number of ECTS credits
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Student's signature ……... **Date**: ……

SENDING INSTITUTION

We confirm that the learning agreement is accepted.

Departmental coordinator's signature

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Date: ……

Institutional coordinator's signature

……

Date: ……..

RECEIVING INSTITUTION

We confirm that the learning agreement is accepted.

Departmental coordinator's signature ……………………………………………… Date: ……………………………………….

Institutional coordinator's signature ………………………………………………………… Date: …………………………………………………..

LEARNING AGREEMENT PAGE 1

Name of student: ……………………………………………………………………………………………

Sending Institution: ………………………………………………………..………Country:…………………..

CHANGES TO ORIGINAL LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code and page no. of the course catalogue	Course unit (as indicated in the course catalogue)	Deleted course unit	Added course unit	Number of ECTS credits
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If necessary, continue this list on a separate sheet

Student's signature ……………………………….. **Date**: …………………………………

SENDING INSTITUTION

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator's signature ……………………………………………… Date: ……………………………………….

Institutional coordinator's signature ………………………………………………………… Date: …………………………………………………..

RECEIVING INSTITUTION

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator's signature ……………………………………………… Date: ………………………………………

Institutional coordinator's signature ………………………………………………………… Date: …………………………………………………..