LEARNING AGREEMENT FOR STUDIES FOR NON ERASMUS STUDENTS

ACADEMIC YEAR 2022/2023

	ACADEMIC	I LAK 202	12/2023	
Student's family name:		First name:		
E-mail address:				
Name sending institution (in local language):			
University code (if known):		City & country:		
DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD				
Receiving institution: University code:	Radboud University NL NIJMEGE01	•		
	institution:			
Period of study: from: (day) /	(month) /(year)			
	(month) /(year)	Number of	months:	
Course code	Course title		Level of the course (BA or MA)	Number of ECTS credits
	If necessary, continue	this list on a s	eparate sheet	
Student's signature: Date:				
SENDING INSTITUTIO We confirm that the propo Departmental coordinator'	sed programme of study/learning	_	s approved. l coordinator's signature:	
Date:		Date:		
RECEIVING INSTITUTION: RADBOUD UNIVERSITY (NL NIJMEGE01) We confirm that the proposed programme of study/learning agreement is approved. International Office coordinator's signature Departmental coordinator's signature /				

Date: _

Date: _