LEARNING AGREEMENT FOR STUDIES
FOR NON ERASMUS STUDENTS
ACADEMIC YEAR 2023/2024

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: Radboud University

University code: NL NIJMEGE01 City & country: Nijmegen, The Netherlands

Field of study at receiving institution: _____

Period of study:

from: _____*(day)* / _____*(month)* / _____*(year)*

to: _____*(day)* / _____*(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 separate sheet

Student's signature: _____ Date: _____

SENDING INSTITUTION

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

Departmental coordinator's signature: Institutional 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 / Course code:

_____ _____/_

Date: _____ Date: _____