

**ECTS – EUROPEAN CREDIT TRANSFER SYSTEM
LEARNING AGREEMENT**

ACADEMIC YEAR 2009/2010 **DEGREE PROGRAMME:** _____

Name of student	Date of birth
Period of study (dates)	from _____ to _____
Sending institution	Erasmus code _____ Country _____

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

Receiving institution SSE Riga	Country LV RIGA 14 LATVIA
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Course unit Code	Course unit title (as indicated in the course catalogue)	Period (from-till)	Number of ECTS credits

If necessary, continue this list on separate sheet

Student's signature	Date
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SENDING INSTITUTION	
We confirm that this proposed programme of study / learning agreement is approved.	
Head of degree programme's signature	International coordinator's signature
Date	Date

RECEIVING INSTITUTION	
We confirm that this proposed programme of study / learning agreement is approved.	
Departmental coordinator's signature	Institutional coordinator's signature
Date	Date

to be filled in ONLY if appropriate

Name of student	Date of birth
Period of study (dates) from _____ to _____	
Sending institution	Erasmus code Country

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME / LEARNING AGREEMENT

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits

If necessary, continue this list on separate sheet

Student's signature	Date
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SENDING INSTITUTION

We hereby confirm that the above-listed **changes** to the initially agreed programme of study / learning agreement are approved.

Head of degree programme's signature _____ International coordinator's signature _____

Date _____ Date _____

RECEIVING INSTITUTION

We hereby confirm that the above-listed **changes** to the initially agreed programme of study / learning agreement are approved.

Departmental coordinator's signature _____ Institutional coordinator's signature _____

Date _____ Date _____