# LEARNING AGREEMENT FOR STUDIES
# FOR NON ERASMUS STUDENTS
# ACADEMIC YEAR 2022/2023

_____ 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*

_____ Date: _____

**SENDING INSTITUTION**

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

_____ _____

Date: _____ Date: _____

**RECEIVING INSTITUTION: RADBOUD UNIVERSITY (NL NIJMEGE01)**

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

/ Course code:

_____ _____ /_____

Date: _____ Date: _____