

## **LEARNING AGREEMENT**

## **Exchange studies**

Name of stud	dent:			
Faculty/Depa	artment:			
	d year:			
Receiving un	niversity:			
ixeceiving ui	iiversity.			
The courses	Courses/units to be studied at receiving institution <sup>1</sup> at receiving institution should correspond to full time studies. A full exchange studies are considered in the studies of the stud	semester = 3	O FCTS	
Course unit	Course title	Local	Swedish	
and code		credits	credits(hp)	
Recogi	│ nition at sending institution – corresponding courses/units at Mal	mö Univers	sity	
Course code	Course title		Credits(hp)	
If no soos	sary, continue the list on a separate sheet!			
ii necess	sary, continue the list on a separate sneet:			
Student's na	me (printed):			
Student's sign	ature: Date: _			
- Clade III Colg.				
SENDING INS	STITUTION (Malmö University)			
We confirm th	at the proposed programme of study/learning agreement is approved.			
Departmental	co-ordinator's name (printed):			
•	<i>"</i>			
Departmental co-ordinator's signature: Date:				
RECEIVING I	NSTITUTION			
We confirm th	at this proposed programme of study/learning agreement is approved.			
Departmental	co-ordinator's signature: l	Date:		

Please return this form to the international coordinator at your faculty/department

<sup>&</sup>lt;sup>1</sup> **PLEASE NOTE:** It is the student's responsibility to provide sufficient information about the planned courses to the co-ordinator at Malmö University before the Learning Agreement can be signed. If syllabus or course descriptions aren't available on the web, the student must contact relevant staff at the host institution.



## **CHANGES TO ORIGINAL LEARNING AGREEMENT**

This page is filled in ONLY if appropriate

code	Course unit title	Deleted course	Added course	Local credits	Swedish credits
		unit (X)			(hp)
IMPORT If necess	<b>FANT!</b> The courses should correspond to full time studies sary, continue list on a separate sheet.	es. A full exchanç	ge semeste	er = 30 EC	TS.
Student's nar	me (printed):				
Student's signature: Date:					
SENDING IN	STITUTION (Malmö University)				
	hat the above-listed changes to the initially agreed	d programme of	f study/lea	arning agr	eement
We confirm the are approved	hat the above-listed changes to the initially agreed		-		
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We confirm the are approved Departmenta  Departmenta  RECEIVING  We confirm the are approved	hat the above-listed changes to the initially agreed.  I co-ordinator's name (printed):  I co-ordinator's signature:  INSTITUTION  hat the above-listed changes to the initially agreed.	d programme of	Dat	te:	eement

Please return this form to the international coordinator at your faculty/department