

LEARNING AGREEMENT

Exchange studies

Name of student: _____

Faculty/Department: _____
at Malmö University

Semester and year: _____

Receiving university: _____

Courses/units to be studied at receiving institution¹			
The courses at receiving institution should correspond to full time studies. A full exchange semester = 30 ECTS			
Course unit and code	Course title	Local credits	Swedish credits(hp)
Recognition at sending institution – corresponding courses/units at Malmö University			
Course code	Course title	Credits(hp)	

If necessary, continue the list on a separate sheet!

Student's name (printed): _____

Student's signature: _____ Date: _____

SENDING INSTITUTION (Malmö University)

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

Departmental co-ordinator's name (printed): _____

Departmental co-ordinator's signature: _____ Date: _____

RECEIVING INSTITUTION

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

Departmental co-ordinator's signature: _____ Date: _____

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

¹ **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

Course unit code	Course unit title	Deleted course unit (X)	Added course unit (X)	Local credits	Swedish credits (hp)

IMPORTANT! The courses should correspond to full time studies. A full exchange semester = 30 ECTS. If necessary, continue list on a separate sheet.

Student's name (printed): _____

Student's signature: _____ Date: _____

SENDING INSTITUTION (Malmö University)

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

Departmental co-ordinator's name (printed): _____

Departmental co-ordinator's signature: _____ Date: _____

RECEIVING INSTITUTION

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

Departmental co-ordinator's signature: _____ Date: _____

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