

LEARNING AGREEMENT

ACADEMIC YEAR 2007 / 2008 - FIELD OF STUDY: LIFE SCIENCES / _____

Name of student: _____

Sending institution: _____

Country: _____

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

Receiving institution:

University of Applied Sciences Northwestern Switzerland, School of Life Sciences

Gründenstrasse 40, CH-4132 Muttenz, Switzerland

Course unit code / page no. of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If necessary, continue the 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

Institutional coordinator

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

RECEIVING INSTITUTION

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

Departmental coordinator

Institutional coordinator

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Name of student: _____
 Sending institution: _____ Country: _____

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME / LEARNING AGREEMENT
 (to be filled in ONLY if appropriate)

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
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

If necessary, continue this list on a separate sheet

Student's signature: _____
 Date: _____

SENDING INSTITUTION

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

Departmental coordinator	Institutional coordinator
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

RECEIVING INSTITUTION

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

Departmental coordinator	Institutional coordinator
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____