

# Learning Agreement

Student	Last name	First name	E-mail
Sending Institution	Name of institution	Faculty or Study Programme	Study level (Bachelor or Master):
Receiving Institution	Name of institution	Study Programme at Nord University	Study location
	Nord University		
Planned period of stay	from [month/year] _____ to [month/year] _____		

Courses to be attended at Nord University		
Course unit code	Course title	ECTS credits
Total number of credits		

Any changes to the above course selection have to be approved by both home institution and Nord University before arrival at study location.

	Signature	Date
Student		

**SENDING INSTITUTION : I hereby confirm that this Learning Agreement is approved.**

	Name:	Signature	Date
Responsible person at the sending institution			

**Nord University : I hereby confirm that this Learning Agreement is approved.**

	Name:	Signature	Date
Responsible person at Nord University			