

LEARNING AGREEMENT FOR EXCHANGE STUDENTS – ACADEMIC YEAR 201_ / 201_

CHANGES

Receiving institution: Université de Fribourg, Switzerland – Erasmus Code: CH-FRIBOUR01

Name of student:

Field of study:

Sending institution: Country:

Number of semesters accomplished: Courses at the University of Fribourg: Bachelor Master

Duration of stay: Autumn Semester SA Spring Semester SP Full Academic Year

CHANGES TO THE ORIGINAL PROPOSED STUDY PLAN / LEARNING AGREEMENT

(To be filled in ONLY if appropriate – Fill in each column – CAPITAL LETTERS PLEASE)

Faculty*	Course Code	Professors Name	Course Title	Hrs / Week	ECTS Credits	Deleted Course	Added Course

* Faculty abbreviations: **Theology: TH**; **Law: DT**; **Arts and Humanities: LE**; **Natural Sciences: SN**; **Economics and Social Sciences: SES**

Student's Signature:..... Date:.....

SENDING INSTITUTION

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

Departmental Coordinator's Name: Institutional Coordinator's Name (International Relations Office):

Date & Signature: Date & Signature:

RECEIVING INSTITUTION

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

Please refer to separate remarks (filled in by the Erasmus-Droit Office of the University of Fribourg, if necessary)

More than one Departmental Coordinator has to sign this Learning Agreement. Please refer to the separate sheet.

Departmental Coordinator's Name: Institutional Coordinator's Name (International Relations Office):

Faculty/Department:

Date & Signature: Date & Signature:

To be send back to: Université de Fribourg, Service des relations internationales, Av. de l'Europe 20, CH-1700 Fribourg, Switzerland