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

Receiving institution: Université de Fribourg – Universität Freiburg, 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

DETAILS OF THE PROPOSED STUDY PLAN / LEARNING AGREEMENT

Fill in each column – CAPITAL LETTERS PLEASE – If necessary, continue the list on a second sheet.

Faculty*	Course Code	Professors Name	Course Title	Hrs/ Week	ECTS Credits
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* 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 o 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 sent back with the application form of the University – in French or German – to:
Université de Fribourg, Service des relations internationales, Av. de l'Europe 20, CH-1700 Fribourg, Switzerland