Education and Culture DG

Lifelong Learning Programme

ERASMUS Since 1987

LIFELONG LEARNING PROGRAMME/ ERASMUS – ECTS

http://ec.europa.eu/education/lifelong-learning-policy/doc48_en.htm

LEARNING AGREEMENT

ACADEMIC YEAR: 20…/20… STUDY PERIOD: from to
FIELD OF STUDY:

Name of student: ……

Student's e-mail address:……

Sending Institution: CONSERVATORIO STATALE DI MUSICA "O. RESPIGHI" DI LATINA Country: ITALIA

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: …… ……. **Country**: … ……..

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the course catalogue)	Semester (autumn/ spring)	Number of ECTS credits
……	……	……	……
……	……	……	……
……	……	……	……
……	……	……	……
……	……	……	……
……	……	……	……
……	……	……	……
……	……	……	……
……	……	……	……
……	……	……	……

Student's signature …….. **Date**: ……

SENDING INSTITUTION

We confirm that the learning agreement is accepted.

Departmental coordinator's signature Institutional coordinator's signature

…… ……

Date: …… Date: ……..

RECEIVING INSTITUTION

We confirm that the learning agreement is accepted.

Departmental coordinator's signature Institutional coordinator's signature

…… ……

Date: …… Date: ……..

Name of student: ……

Sending Institution: CONSERVATORIO STATALE DI MUSICA "O. RESPIGHI" DI LATINA Country: ITALIA

CHANGES TO ORIGINAL LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code and page no. of the course catalogue	Course unit (as indicated in the course catalogue)	Deleted course unit	Added course unit	Number of ECTS credits
……	……	☐	☐	……
……	……	☐	☐	……
……	……	☐	☐	……
……	……	☐	☐	……
……	……	☐	☐	……
……	……	☐	☐	……
……	……	☐	☐	……
……	……	☐	☐	……
……	……	☐	☐	……
……	……	☐	☐	……
……	……	☐	☐	……
……	……	☐	☐	……
……	……	☐	☐	……

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 accepted learning agreement are approved.

Departmental coordinator's signature — Institutional coordinator's signature

…… ……

Date: …… Date: ……..

RECEIVING INSTITUTION

We confirm that the above-listed changes to the initially accepted learning agreement are approved.

Departmental coordinator's signature — Institutional coordinator's signature

…… ……

Date: …… Date: ……..