

LEARNING AGREEMENT

Academic Year:..... /.....

Name of student:	Personnummer/date of birth:
Sending institution: Mid Sweden University (MIUN)	
Receiving Institution:	

DETAILS OF THE PROPOSED STUDY PROGRAM ABROAD

**to be filled in by Head of Subject at sending institution*

Semester	Course code	Course unit title/name	Number of credits at host institution	Equivalent to: specific course or subject/level at MIUN	Number of credits at MIUN

Note: any changes of the proposed study program must be reported to the International Coordinator at the sending institution!

Students' Signature:	
Date:	
SENDING INSTITUTION: We confirm that this proposed Learning Agreement is approved	
Head of Subject's signature:	Departmental Coordinator's signature:
Date:	Date:
RECEIVING INSTITUTION: We confirm that this learning agreement is approved.	
Head of Subject's signature:	Departmental Coordinator's signature:
Date:	Date:

Scan and email this document to: maria.laven@miun.se