

LEARNING AGREEMENT

Studies abroad

SENDING INSTITUTION

Faculty / School-department.:	
Programme of study-department.:	
Head of Programme / Department:	
International contact person:	
Sending institution:	

RECEIVING INSTITUTION

Faculty / School-department.:	Faulty of Health Sciences
Programme of study-department.:	School of Nursing, Campus Viborg
Head of Programme / Department:	Kirsten Mathiesen Bjerg
International contact person:	Kirsten Haugaard Christensen
Receiving institution:	VIA University College, Skejbyvej 1, 8240, Risskov, DK RISSKOV06, + 45 8739 4500 www.viauc.com

STUDENT'S PERSONAL DATA

First name(s):		Family name(s):	
Date of birth:		Sex:	Male __ / Female __

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

Host institution, faculty / school:			Country:	
Course code home	Course code abroad	Course title (as indicated in the information package abroad)	Form of assessment:	Number of ECTS credits

Student's signature	Date:
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Sending Institution: _____	
We confirm that this proposed programme of study/learning agreement is approved.	
International contact's signature	Head of Programme / Department signature
_____	_____
Date: _____	Date: _____

Receiving Institution: _____
 We confirm that this proposed program of study/learning agreement is approved.
 International contact's signature _____ Head of Programme / Department signature _____

Date: _____ Date: _____

The following is only to be filled in and signed if any changes in the study program arise during the period of study at the host university.

Name of student: _____
 Date: _____
 Sending Institution: _____ Country: _____

CHANGES TO ORIGINALLY PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
 (to be filled in ONLY if appropriate)

Course code (if any) and page no. of the information package	Course title (as indicated in the information package)	Evaluation of courses	Deleted course	Added courses	Number of ECTS credits

If necessary, continue this list on a separate sheet

Student's signature _____ Date: _____

Sending Institution: _____
 We confirm that the changes in the proposed programme of study/learning agreement is approved.
 International contact's signature _____ Head of Programme / Department signature _____

Date: _____ Date: _____

Receiving Institution: _____
 We confirm that this proposed program of study/learning agreement is approved.
 International contact's signature _____ Head of Programme / Department signature _____

Date: _____ Date: _____