

LEARNING AGREEMENT

ACADEMIC YEAR _____ -STUDY FIELD _____

Name of student _____

Home institution _____ Country _____

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

Host Institution Université de Neuchâtel, 26, av. du 1^{er}-Mars 26, CH-2000 Neuchâtel

Course unit code	Course unit title (as indicated in the information package)	Number of ECTS

If necessary, continue the list on the appendix 1

Student's signature _____ Date: _____

HOME INSTITUTION

We confirm that this proposed programme of study (appendix included) is approved

Signature of the Faculty

Signature of the Mobility Office or IRO

Date _____

Date _____

HOST INSTITUTION

We confirm that this proposed programme of study (appendix included) is approved

Signature of the Mobility Office

Date _____

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME / LEARNING

To be filled ONLY if appropriate

Name of student _____

Course unit code	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

If necessary, continue the list on the appendix 2

Student's signature _____ Date: _____

HOME INSTITUTION

We confirm that this proposed programme of study (appendix included) is approved

Signature of the Faculty _____ Signature of the Mobility Office or IRO _____

Date _____ Date _____

HOST INSTITUTION

We confirm that this proposed programme of study (appendix included) is approved

Signature of the Mobility Office _____ Date _____

