



**ERASMUS+ KA1  
LEARNING AGREEMENT**

ACADEMIC YEAR: 2014/2015  
 STUDY PERIOD:  
 FIELD OF STUDY:

NAME OF STUDENT:  
 STUDENT'S E-MAIL ADDRESS:  
 SENDING INSTITUTION: LABA LIBERA ACCADEMIA DI BELLE ARTI

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD**

RECEIVING INSTITUTION: ..... COUNTRY: .....

COURSE CODE (IF ANY)	COURSE TITLE	NUMBER OF ECTS CREDITS

STUDENT'S SIGNATURE: ..... DATE: .....

**SENDING INSTITUTION:** LABA LIBERA ACCADEMIA DI BELLE ARTI

We confirm that the proposed learning agreement is approved.

INSTITUTIONAL COORDINATOR'S SIGNATURE: .....	DEPARTMENTAL COORDINATOR'S SIGNATURE: .....
DATE: .....	DATE: .....

**RECEIVING INSTITUTION:** .....

We confirm that the proposed learning agreement is approved.

INSTITUTIONAL COORDINATOR'S SIGNATURE: .....	DEPARTMENTAL COORDINATOR'S SIGNATURE: .....
DATE: .....	DATE: .....



**ERASMUS+ KA1**  
**CHANGES TO ORIGINAL LEARNING AGREEMENT (to be filled in ONLY if appropriate)**

COURSE CODE (IF ANY)	COURSE TITLE	DELETED	ADDED	NUMBER OF ECTS CREDITS

STUDENT'S SIGNATURE: ..... DATE: .....

**SENDING INSTITUTION:** LABA LIBERA ACCADEMIA DI BELLE ARTI

We confirm that the proposed learning agreement is approved.

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DATE: ..... DATE: .....

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DATE: ..... DATE: .....