ECTS - EUROPEAN CREDIT TRANSFER SYSTEM LEARNING AGREEMENT Academic Year 2013/2014



Exchange Programme:
☐ ERASMUS Student Mobility for Study (SMS)
T NORDRIUS

Subject area:		ISCED code	Location of Study:		
Teacher Education		14	Roskilde		
Social Work		762	Slagelse		
Social Education/ Pre-School Teaching		143	Sorø (Ankerhus)		
Nurse Education		723	Næstved		
Physiotherapy Education		723	Vordingborg		
Occupational Education		726	Nykøbing Falster		
Medical Laboratory Technology Education		4211	Other location, name:		
Leisure Management		812	Start date on:	(dd/mm/yyyy)	
Nutrition & Health		6202	End date on:	(dd/mm/yyyy)	
			Total number of months:		

Student/Sending Institution								
Name of student:								
Sending institution: University College Zealand Country: Denmark			Institutional code: DK SORO02					
Receiving Institution								
Name:								
Address:			Institutional code:					
			Country:					
Details of the Proposed Study Program	me abroad/Le	earning Agreement						
Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)			Number of ECTS credits				
The state in the state of package		· paemage/						
For student/								
Student's signature					Date			
Sending Institution								
We confirm approval of the Proposed	Programme o	of Study/Learning Ag	reement.					
Coordinators signature/Stamp Date								
Date Date								
Receiving Institution								
We confirm approval of the Proposed Programme of Study/Learning Agreement.								
Coordinators signature/Stamp					Date			



CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT AMENDMENT

(To be filled in ONLY if appropriate)	T				T		
Course unit code (if any) and page	Course unit title	•	Deleted	Added	Number of		
no. of the information package	in the information	n package)	course	course 	ECTS credits		
			unit	unit			
If a consequence of the list on a con-							
If necessary, continue this list on a se	parate sneet						
Student's signature							
Stadent 3 Signature		Date:					
SENDING INSTITUTION							
We confirm that the above-listed changes to the initially agreed programme of study/Learning Agreement are							
approved.							
Departmental Coordinator's signature Institutional Coordinator's signature							
Date:	Date:						
RECEIVING INSTITUTION							
We confirm bye the above-listed changes to the initially agreed programme of study/learning agreement are							
approved. Departmental Coordinator's signature Institutional coordinator's signature							
Departmental Coordinator's signature	e	institutional cod	orainator s si	gnature			
Date:	Date:						