

STUDY PLAN/LEARNING AGREEMENT for Online courses

Student's		
first name:		
family name:		
Email:		
Field of study/major subje	ect:	
Degree you are studying f	or (BA / MA / PhD):	
Home university, faculty /	Department:	
Name of the University of	fering the online course:	
Course code (if applicable) at the Receiving Institution	Title of the course at the Receiving Institution (as indicated in the Course Catalogue)	Number of ECTS credits to be awarded by the Receiving Institution upon successful completion
Course code at the Sending Institution	Title of the course at the sending institution	Number of ECTS credits to be recognised by the Sending Institution
	Total credits	
	re responsible for ensuring there are no timetable clashes between the taking at their home university	n the CHARM-EU transnational online
Student's signature	Da	te:
SENDING UNIVERSITY		
I confirm that this propose Departmental coordinator	ed learning agreement/study plan is approved. r's name and signature	
	Date:	

RECEIVING UNIVERSITY

I confirm that this proposed learning agreement/study plan is approved.		
Name and signature of the coordinator responsible for transnational online learning		
Date:		