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| **ECTS - EUROPEAN CREDIT TRANSFER SYSTEM** | |  | |  | | | | |
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| **PRELIMINARY LEARNING AGREEMENT** | | | | | |  |  |  |
| **This application should be completed electronically in order to be easily copied or scanned** | | | | | | | | |
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| TIME OF STUDY PERIOD ABROAD: \_\_\_\_\_/\_\_\_\_\_20\_\_\_\_\_ - \_\_\_\_\_/\_\_\_\_\_20\_\_\_\_\_ | | | | | | |  |  |
| FIELD OF STUDY: | | | | |  |  |  |  |
|  |  | | |  |  |  |  |  |
| Name of student: | | | | |  |  |  |  |
| Name of sending institution: | | | | |  |  |  |  |
| Country | | |  |  |  |  |  |  |
| Name of receiving institution: Arcada University of Applied Sciences | | | | |  |  |  |  |
| Country: Finland | | |  |  |  |  |  |  |
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| **DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD** | | | | | | | |  |
| **Courses which will be fully credited:** | | | | | |  |  |  |

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| **Course unit code at the receiving institution** | **Course unit title at the receiving institution** | **ECTS** | **Course unit code the sending institution** | **Course unit title at the sending institution** | **ECTS** |
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|  | *(Add rows if needed!)* |  |  |  |  |

**Additional free elective courses at the receiving institution:**

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| **Course unit code at the receiving institution** | **Course unit title at the receiving institution** | **ECTS** |
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| **Additional courses as backup (in case of for example overlapping of courses)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Course unit code at the receiving institution** | **Course unit title at the receiving institution** | **ECTS** | **Course unit code the sending institution** | **Course unit title at the sending institution** | **ECTS** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   I agree to report any changes to this agreement to my home institution during my stay abroad | | | |
|  |  |  |  |
| **Student's signature:** | |  |  |
|  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| **SENDING INSTITUTION** | |  |  |
| We confirm that this proposed programme of study/learning agreement is approved: | | |  |
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| **Departmental coordinator's signature:** | | **Institutional coordinator's signature:** |  |
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| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| **RECEIVING INSTITUTION** | |  |  |
| We confirm this proposed programme of study/learning agreement is approved: | | |  |
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| **Departmental coordinator's signature:** | | **Institutional coordinator's signature:** |  |
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