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| **ECTS - EUROPEAN CREDIT TRANSFER SYSTEM** |  |  |
|  |  |  |  |  |  |  |
| **PRELIMINARY LEARNING AGREEMENT**  |  |  |  |
| **This application should be completed electronically in order to be easily copied or scanned** |
|  |  |  |  |  |  |  |
| 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)**

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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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I agree to report any changes to this agreement to my home institution during my stay abroad |
|  |  |  |  |
| **Student's signature:**  |  |  |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| **SENDING INSTITUTION** |  |  |
| We confirm that this proposed programme of study/learning agreement is approved: |  |
|  |  |  |  |
| **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: |  |
|  |  |  |  |
| **Departmental coordinator's signature:** | **Institutional coordinator's signature:** |  |
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| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |
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