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| **LEARNING AGREEMENT FOR APPLICANTS OF ERASMUS+ Credit Mobility summer semester 2016/17** |

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| **Academic Year: 2016/17, summer semester** |
| **Period of Study: From: To:** |
| **Field of Study:** |
| **Name and Surname:**  **Sending University:**  **Country:** |

**DETAILS OF THE PROPOSED STUDY PROGRAMME/ LEARNING AGREEMENT**

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| **Receiving Institution: UNIVERSITY OF LODZ (PL LODZ 01) Country: POLAND** | | | |
| **Course Unit Code** | **Course Unit Title\*** | **Semester (winter or summer)** | **Number of  ECTS Credits** |
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|  | **Student’s Signature: 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:**    **Date: Date:** |
| **RECEIVING INSTITUTION:**  We confirm that this proposed programme of study/ Learning Agreement is approved.  **Departmental Coordinator’s Signature:**  **Date:** |