## LEARNING AGREEMENT

**Academic year 20\_\_/20\_\_**

**Field of study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Study period: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Name of student:** Sending institution: Kazakh National Women’s Teacher Training University **Country:** Republic of Kazakhstan |

**Details of the proposed study programme abroad**

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| Receiving institution:  Country: |

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| **Course**  **Code if any** | **Course title** | **Semester** | **Receiving institution credits** | **ECTS credits** |
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| Student’s signature:....................................... Date:.................................... |

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| **Sending institution: Kazakh National Women’s Teacher Training University** We confirm that the proposed programme of study/learning agreement is approved Departmental coordinator’s signature Institutional coordinator’s signature  ------------------------------------------ --------------------------------------------  Date:----------------------------------- Date: ------------------------------------- |

**Receiving 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

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Date:----------------------------------- Date: -------------------------------------

**Changes to original proposed study programme / learning agreement**

(to be filled in only if appropriate)

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| **Name of student:** Sending institution: **Country:** |

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| **Course code if any** | **Course title (as indicated in the information package)** | **Semester** | **Deleted Added**  **course course**  **unit     unit** | **ECTS Credits** |
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| Student’s signature: ...................     Date: ....................... |

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| **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: --------------------------------- |

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| **Receiving 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: --------------------------------- |