



UNIVERSITÉ SAINT-LOUIS - BRUXELLES ERASMUS OFFICE



ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM LEARNING AGREEMENT

ACADEMIC YEAR 20..... / 20..... -

FIELD OF STUDY: .....

Name of student: .....
Sending institution: ..... Country: .....
Erasmus code : ..... Quadrimester : .....

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: UNIVERSITÉ SAINT-LOUIS - BRUXELLES (B BRUXEL02)
Country: BELGIUM

Table with 3 columns: Course unit code (if any) and page no. of the information package, Course unit title (as indicated in the information package), Number of ECTS credits

if necessary, continue the list on a separate sheet

Student's signature ..... Date: .....

SENDING INSTITUTION :

We confirm that the proposed programme of study/learning agreement is approved.

Departmental coordinator's signature and stamp

Institutional coordinator's signature and stamp

Date: .....

Date: .....

RECEIVING INSTITUTION : Université Saint-Louis - Bruxelles

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature and stamp

Institutional coordinator's signature and stamp

Date: .....

Date: .....



UNIVERSITÉ SAINT-LOUIS - BRUXELLES
ERASMUS OFFICE



ECTS – EUROPEAN CREDIT TRANSFER AND
ACCUMULATION SYSTEM LEARNING AGREEMENT

ACADEMIC YEAR 20..... / 20..... –

FIELD OF STUDY: .....

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate) - to be sent by fax (32-2-211 78 54) to the Erasmus office within the 3 weeks after arrival

Name of student: .....
Sending institution: ..... Country: .....

Table with 6 columns: Course unit code, Course unit title (as indicated in the information package), Maintained course, Deleted course, Added course, ECTS credits. The table contains multiple rows of dotted lines for data entry.

if necessary, continue the list on a separate sheet

Student's signature ..... Date: .....

SENDING INSTITUTION :

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature and stamp

Institutional coordinator's signature and stamp

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Date: .....

Date: .....

RECEIVING INSTITUTION : Université Saint-Louis - Bruxelles

We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature and stamp

Institutional coordinator's signature and stamp

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Date:

Date: