SMILE
STUDENT LEARNING AGREEMENT

Between

Home:
SMILE Co-ordinator:
E-mail:

And

Host:
SMILE Co-ordinator:
E-mail:

Name of student: .......................................................... ..........................................................

ACADEMIC SEMESTER / YEAR: ........../..............

FIELD OF STUDY: ........................................................................................................

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

<table>
<thead>
<tr>
<th>Course unit code (if any)</th>
<th>Course unit title (as indicated in the information package)</th>
<th>Number of ECTS credits (or equivalent)</th>
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(continue this list on a separate sheet, if necessary)

Student’s signature: ........................................ Date: ........................................

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**HOME INSTITUTION**

We confirm that this proposed programme of study / learning agreement is approved and will be recognized.

SMILE Co-ordinator’s signature  E-mail: .............................................................  Date:  ...................................................

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**HOST INSTITUTION**

We confirm that this proposed programme of study / learning agreement is approved and that the student is accepted as an exchange student at the institution.

Departmental co-ordinator’s signature  SMILE co-ordinator’s signature  

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E-mail: E-mail: .............................................................  .............................................................

Date: Date:  .............................................................  .............................................................