



**Exchange Student Learning Agreement
ECTS – European Credit Transfer System**

Sending institution: _____

Name of student: _____

Details of the proposed study programme abroad – learning agreement

Semester	Course module code*	Course module title*	Number of ECTS-credits*
Winter semester	BY4004	Construction Methods and Management	7.5
	BY4006	Reconstruction	7.5
	AB6001	Working Environment and Leadership	7.5
		Optional course	7.5
Spring semester		Construction Management 1	7.5
	PI2004	Project Management	7.5
	BY4003	Concrete Technology	7.5
	KO2001	Structural Engineering	7.5

*According to Construction Engineering Programme; Study Programme Syllabus

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	Institutional coordinator's signature
.....
Date:.....	Date:.....

Name of student:..... Identity No.:

Sending institution:
..... Country:.....

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code	Course unit title	Deleted course	Added course	Number of ECTS credits
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

If necessary, continue this list on a separate sheet

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

SENDING INSTITUTION

We hereby 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:.....

RECEIVING INSTITUTION

We hereby 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:.....