LEARNING AGREEMENT
for Incoming Exchange Students (Bilateral Agreements)

Name of Student:
Home University:
E-mail:
Academic Year: **Semester (winter/summer):**

Course unit code	Course unit title (as indicated in the information package)	Number of ECTS credits

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

SENDING INSTITUTION

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

Departmental coordinator's signature **Institutional coordinator's signature**

....

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

***Contact address**: Ms. Katerina Brzokoupilova, katerina.brzokoupilova@mendelu.cz, International Relations Office, Mendel University in Brno, Zemědělská 1, 613 00 Brno, the Czech Republic*

To be completed by receiving (host) institution:

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application and confirm that this proposed programme of study/learning agreement is approved.

Student is accepted at:

Faculty.....

Exchange study programme.....

Departmental coordinator's signature **Institutional coordinator's signature**

....

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