

NOTE:

University College Dublin

International Office

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Lifelong Learning Programme - Erasmus STUDENT LEARNING AGREEMENT 2010/2011

If you are unable to obtain the information to complete this form prior to departure, please

pe or use block letters only. I	Please complete all sections.	
Co-ordinator in UCD:		
School:		
Host Institution:		
Student Surname:	Student First Name:	
Course unit code	Course unit title	Number of ECTS credits
(if any) and page no. of the information package	(as indicated in the information package)	Number of EC13 Geuits
oes your home co-ordinator requ ngineering, Science, Agricultural	ire that you complete a project as part of your ERA Science)? Please detail:	SMUS stay (this applies mainly
Student's signature:	Date:	

SENDING INSTITUTION	We confirm that this proposed programme of study/learning agreement is approved.	
	ı	Date:
Academic coordinator's signature University College Dublin (IRL D		
DECENTING INCTITUTION		
RECEIVING INSTITUTION	We confirm that this proposed programme of study approved.	y/learning agreement is
Academic coordinator's signa	ture	Date:
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CHANGES TO ORIGINAL PRO (to be filled in ONLY if appropriat	POSED STUDY PROGRAMME/LEARNING AGREE te)	EMENT
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
-		
-		
Student's signature:	Date:	
SENDING INSTITUTION We confirm that this proposed	d programme of study/learning agreement is approve	ed.
	Date:	
Academic coordinator's signa	ıture	
RECEIVING INSTITUTION		
	changes to the initially agreed programme of study/le	earning agreement are
	Date:	
Academic coordinator's signa	ture	

RETURN COMPLETED FORM TO YOUR CO-ORDINATOR IN UCD.

This form should be counter-signed by the UCD co-ordinator and a copy kept by student and co-ordinator.