**LEARNING AGREEMENT**

Summer School / Summer Academy

Name:

University of Vaasa student number:

Study cycle: Bachelor \_\_ Master \_\_

Major at the University of Vaasa:

Detail of the proposed study programme abroad / learning agreement

Host institution of Summer School:

Country:

Planned duration of course:

|  |  |
| --- | --- |
| Course title | Number of local credits |
|  |  |
|  |  |
|   |  |
|   |   |

Student’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you wish to have the credits transferred to your University of Vaasa degree (replace University of Vaasa courses, include as optional studies etc.)

APPROVAL OF HOME ACADEMIC SCHOOL

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

School’s signature (study counselor / programme coordinator)

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Date: