



ISTANBUL UNIVERSITY

**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM
LEARNING AGREEMENT
ACADEMIC YEAR 2012 / 2013**

Name of the student:

Sending Institution - Faculty/Department

**Istanbul University -
 TR ISTANBU03**

Country: **TURKEY**

**A. DETAILS OF THE ORIGINAL PROPOSED STUDY PROGRAMME ABROAD
LEARNING AGREEMENT**

A Receiving Institution:
 **Country:**

A

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

if necessary, continue the list on a separate sheet



ISTANBUL UNIVERSITY

A Student's signature

..... Date:

.....

A **SENDING INSTITUTION**

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

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

A **RECEIVING INSTITUTION**

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

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



ISTANBUL UNIVERSITY

B. CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME

LEARNING AGREEMENT

(to be filled in **ONLY** if necessary)

B Name of the student:
.....
Sending Institution - Faculty/Department
Istanbul University -
TR ISTANBU03
Country: **TURKEY**

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
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.....	<input type="checkbox"/>	<input type="checkbox"/>
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.....	<input type="checkbox"/>	<input type="checkbox"/>
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.....	<input type="checkbox"/>	<input type="checkbox"/>
				Total: ECTS

if necessary, continue this list on a separate sheet



ISTANBUL UNIVERSITY

B Student's signature
..... Date:
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B **SENDING INSTITUTION**
We 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:
.....

B **RECEIVING INSTITUTION**
We confirm by 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:
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