



ISTANBUL UNIVERSITY

**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM  
LEARNING AGREEMENT  
ACADEMIC YEAR 2013 / 2014**

Please indicate the semester:

Fall  Spring  Fall+Spring

**Please fill out using the computer**

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 and course name at host university	Number of ECTS credits at host university	Course unit code and course name at Istanbul University	Number of ECTS credits at I.U

Name and signature of student



**ISTANBUL UNIVERSITY**

	TOTAL:		TOTAL:
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Student's signature ..... .....	Date: .....
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**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** Student's signature

..... Date:

.....

**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
.....	.....
.....	.....
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
.....	.....
.....	.....
Date:	Date:
.....	.....