

**LEARNING AGREEMENT FOR STUDIES
FOR NON ERASMUS STUDENTS**

Student's family name: _____ First name: _____
E-mail address: _____
Name sending institution (in local language): _____
University code (if known): _____ City & country: _____
Date of Birth (dd-mm-yyyy): _____

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

Receiving institution: **Radboud University**
University code: **NL NIJMEGE01** City & country: **Nijmegen, The Netherlands**
Field of study at receiving institution: _____
Period of study:
from: _____ (day) / _____ (month) / _____ (year)
to: _____ (day) / _____ (month) / _____ (year) Number of months: _____

Course code	Course title	Level of the course (BA or MA)	Number of ECTS credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If necessary, continue this list on a separate sheet

Student's signature: _____ Date: _____

SENDING INSTITUTION
We confirm that the proposed programme of study/learning agreement is approved.
Departmental coordinator's signature:
_____ Date: _____

RECEIVING INSTITUTION: RADBOUD UNIVERSITY (NL NIJMEGE01)
We confirm that the proposed programme of study/learning agreement is approved.
International Office coordinator's signature
_____ Date: _____