**LEARNING AGREEMENT FOR TRAINEESHIPS**
**FOR NON ERASMUS STUDENTS**
**ACADEMIC YEAR 2018/2019**

**Student’s family name:** ____________________ **First name:** ____________________  
E-mail address: ___________________________________________________________________

Name sending institution (in local language): ____________________________________________________________________________  
University code (if known): ____________________ **City & country:** ____________________

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**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD**

**Receiving institution:** Radboud Universiteit Nijmegen  
**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: __________________________

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<tr>
<th>Traineeship title</th>
<th>Program of traineeship period</th>
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If necessary, continue this list on a separate sheet

**Student’s signature:** ____________________ **Date:** ____________________

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**SENDING INSTITUTION**

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

Departmental coordinator’s signature: __________________________________________
Institutional coordinator’s signature: __________________________________________  
Date: ___________________________ **Date:** ___________________________

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**RECEIVING INSTITUTION: RADBOUT UNIVERSITEIT NIJMEGEN (NL NIJMEGE01)**

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

International Office coordinator’s signature: ___________________________  
Departmental coordinator’s signature: ___________________________/ _______________  
Date: ___________________________ **Date:** ___________________________