

**LEARNING AGREEMENT - Academic year 2013-2014**  
**ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM**  
**FIELD OF STUDY: .....**

<b>Name of student:</b>	
<b>Student number:</b>	
<b>Sending institution:</b>	Universitetet i Bergen, University of Bergen, N-BERGEN01
<b>Country:</b>	Norway

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT**

<b>Receiving institution:</b>	
<b>Country:</b>	
<b>Period (from-to)</b>	

Course unit code (if any) and page no. of the info package	Course unit title (as indicated in the information package)	Number of ECTS credits	Comments

We recommend that you do not select courses that overlap with courses included in the specialisation of your Bachelors degree. If necessary, continue the list on a separate sheet. In order to approve the proposed courses, course descriptions (from handbook or web pages) have to be sent to student advisor at the relevant department.

**SENDING INSTITUTION**

We confirm that the proposed programme of study is approved and will be included in the student's BA/MA degree upon completion and when properly documented. The programme will be recognised as xxx credit points without specification / as equal to the course xxxxx in the (studieprogrammet) at the University of Bergen

When the student returns he/she will have to apply for final approval to include the courses into his/her degree at UiB. Application form and transcript can be sent to The Faculty of Mathematics and Natural Sciences, University of Bergen, or handed in at the "Infosenter for Realfagstudententer".

Departmental coordinator's signature

Head of Programme Committee

.....

.....

Date:

Date:

Student's signature	Place and date

**RECEIVING INSTITUTION**

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

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:

<b>Name of student</b>	
<b>Sending institution</b>	
<b>Country</b>	

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**

(to be filled in ONLY if appropriate)

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

If necessary, continue this list on a separate sheet

Student's signature	Place and date

**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:

**RECEIVING 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: