

UNIVERSITY
OF APPLIED SCIENCES
UPPER AUSTRIA

ACADEMIC YEAR 20 /

FIELD OF STUDY:

Name of student:
Sending institution:
Country:

Receiving institution:	University of Applied Sciences Upper Austria
Country:	Campus
	Austria

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

[illegible]

Student's signature:

Date:**SENDING INSTITUTION**

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

International coordinator's name,
signature and stamp.....

Date:

RECEIVING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved subject to timetable verification.

International coordinator's name
signature and stamp:

Date:

 UNIVERSITY
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CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

[illegible][illegible]

Date:

Date:

Date: