

LEARNING AGREEMENT

Name of Student		CID	
Home Institution	Imperial College London, South Kensington, London SW7 2AZ, UNITED KINGDOM		
Academic Subject			
Academic Year			

PART A: DETAILS OF THE PROPOSED STUDY PROGRAMME (LEARNING AGREEMENT)

Host Institution	
Country	

Course unit code (if any)	Course Title (include Projects and Internships where appropriate)	Number of ECTS credits (or local credit if ECTS is not used)
Student's signature		Date

if necessary, continue the list on a separate sheet

SENDING INSTITUTION: We confirm that the proposed programme of study is approved.			
Departmental (Subject) Coordinator's Name			
Signature		Date & Stamp	

RECEIVING INSTITUTION: We confirm that the proposed programme of study is approved.			
Departmental (Subject) Coordinator's Name			
Signature		Date & Stamp	

PART B: (if required) CHANGES TO ORIGINAL STUDY PROGRAMME (LEARNING AGREEMENT)

Name of Student	
Home Institution	Imperial College London, South Kensington, London SW7 2AZ, UNITED KINGDOM

Course unit code (if any)	Course Title (include Projects and Internships where appropriate)	Deleted course	Added course	Number of ECTS credits (or local credit if ECTS is not used)
		<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"/>	
Student's signature		Date		

if necessary, continue the list on a separate sheet

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Signature		Date & Stamp	