UNIVERSITE LIBRE DE BRUXELLES

PROVISIONAL LEARNING AGREEMENT ACADEMIC YEAR 2011/2012

NAME OF THE STUDENT + e-mail address:

…… / ……..@ulb.ac.be

***PROPOSED STUDY PERIOD* (length + semester/term or dates): ……. ……..**

***FIELD OF STUDY* : ……..**

***ULB'S ACADEMIC COORDINATOR*: …… *FAX*: +32-2-650-……..**

HOST INSTITUTION :……

SENDING INSTITUTION : UNIVERSITE LIBRE DE BRUXELLES (B-BRUXEL04)

50, avenue Franklin Roosevelt - 1050 Bruxelles, BELGIUM

DETAILS OF THE PROPOSED STUDY PROGRAMME (Provisional Version)

Course unit code	Course unit title	Semester (1 – 2)	Language	N° of ECTS credits (if relevant)	Level (year of study)

If necessary, continue on a separate sheet.

Student's signature

RECEIVING INSTITUTION	***SENDING INSTITUTION***
The learning agreement is *:* ☐ Approved ☐ Not approved	***The learning agreement is :*** ☐ Approved ☐ Not approved
Academic coordinator's signature	Academic coordinator's signature