UNIVERSITE LIBRE DE BRUXELLES

PROVISIONAL LEARNING AGREEMENT ACADEMIC YEAR 2012/2013

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 / UNIVERSITE D'ACCUEIL	*SENDING INSTITUTION / UNIVERSITE D'ORIGINE*
The learning agreement is / Le contrat d'études est : ☐ Approved / Approuvé ☐ Not approved / Non-approuvé	***The learning agreement is / Le contrat d'études est :*** ☐ Approved / Approuvé ☐ Not approved / Non-approuvé
Academic coordinator's signature / Signature du coordinateur académique ***Date : __ / __ / ____***	Academic coordinator's signature / Signature du coordinateur académique ***Date : __ / __ / ___***
Institutional coordinator's signature / Signature du coordinateur institutionnel ***Date : __ / __ / ____***	Institutional coordinator's signature / Signature du coordinateur institutionnel ***Date : __ / __ / ____***