

**University of Montenegro**

**EXCHANGE LEARNING AGREEMENT**

Academic year 2017/2018

Name of the student:

Home institution:University of Montenegro, Faculty of Philosophy, Department for …

Country: Montenegro

**Details of the proposed study programme abroad / Learning Agreement**

Host institution: Country:

|  |  |  |
| --- | --- | --- |
| Course unit code.................................................................................................................................................................................................................................................................................................. | Course unit title | Nr of ECTS-credits |

Student’s signature : date:

**HOME INSTITUTION**

We confirm that this proposed programme of study has been approved by the Examination Board

Departmental coordinator's name

Jelena Knežević, PhD, Assistant Professor, Vice–Dean for Science and International Relation

Signature : .......................................date:

**HOST INSTITUTION**

We confirm the approval of this proposed programme of study / learning agreement

Departmental coordinator's name

Signature : .......................................date:

**CHANGES TO THE ORIGINAL PROPOSED LEARNING AGREEMENT**

Name of the student:

Home institution: Country:

**CHANGES to the original proposed study programme abroad/Learning Agreement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course unit code................................................................................................................................................................................................ | Course unit title................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ | DeletedcourseOOOOOOOO | AddedcourseOOOOOOOO | Nr of ECTS-credits........................................................................................................................................ |

Student’s signature : date : .........-.........-......

**HOME INSTITUTION**

We confirm the approval of the above listed **changes** to the initially agreed programme of study / learning agreement.

Departmental coordinator's name

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Signature : .......................................date : .........-.........-….......

**HOST INSTITUTION**

We confirm the approval of the above listed **changes** to the initially agreed programme of study / learning agreement

Departmental coordinator’s name

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Signature : .......................................date : .........-.........-….......