

  Education and Culture DG Lifelong Learning Programme	ERASMUS PROGRAMME
ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM LEARNING AGREEMENT	
Academic year 2011/2012 - Study period: (dates) from __/__/__ to __/__/__	
Field of study:	

Name of Student: _____ - Mrs / Mr. <small>(Sur- Last- Family Name //First - Given Name)</small>			
Sending Institution HAROKOPIO UNIVERSITY (CHAROKOPEIO PANEPISTIMIO)			
Country	GREECE	Institution's Erasmus ID CODE:	G KALLITH01

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving Institution:			
Country		Institution's Erasmus ID CODE:	

Course unit code (if any) and page no. of the course catalogue	Course unit title (as indicated in the course catalogue)	Number of ECTS credits

if necessary, continue the list on a separate sheet

Fair translation of grades must be ensured and the student has been informed about the methodology

Student's name & Signature:	
Date:	

SENDING INSTITUTION	
We confirm that the proposed programme of study/learning agreement is approved.	
Departmental coordinator's Name & signature	Or Institutional coordinator's Name & signature Prof. P.-M. DELLADETSIMAS – Prof. at the Department of Geography.
Date:	Date:

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

Departmental coordinator's Name & signature:	Institutional coordinator's Name & signature:
Date:	Date:

Name of Student:

Sending Institution: HAROKOPIO UNIVERSITY (CHAROKOPEIO PANEPISTIMIO)

Country	GREECE	Institution's Erasmus ID CODE:	G KALLITH01
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CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code (if any) and page no. of the course catalogue	Course unit title (as indicated in the course catalogue)	Deleted Course Unit	Added Course Unit	Number of ECTS credits
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		<input type="checkbox"/>	<input type="checkbox"/>	
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If necessary, continue this list on a separate sheet

Student's name & Signature:	
Date:	

SENDING INSTITUTION**We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.**

Departmental coordinator's Name & signature	Institutional coordinator's Name & signature
 	Prof. P.-M. DELLADETSIMAS – Prof. at the Department of Geography
Date:	Date:

RECEIVING INSTITUTION :**We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.**

Departmental coordinator's Name & signature	Institutional coordinator's Name & signature
Date:	Date: