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.
(Sur- Last- Famliy Name //First - Given Name)

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
	G. DEDOUSSIS –Assoc. Prof. at the Department of Nutrition and Dietetics.
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:

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Name of Student:			
Sending Institution: **HAROKOPIO UNIVERSITY (CHAROKOPEIO PANEPISTIMIO)**			
Country	GREECE	Institution's Erasmus ID CODE:	**G KALLITH01**

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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		☐	☐	
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		☐	☐	
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		☐	☐	
		☐	☐	

If necessary, continue this 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 above-listed changes to the initially agreed programme of study/learning agreement are approved.**	
Departmental coordinator's Name & signature	Institutional coordinator's Name & signature
	G. DEDOUSSIS –Assoc. Prof. at the Department of Nutrition and Dietetics
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: