

STUDENT EXCHANGE - LEARNING AGREEMENT

ACADEMIC YEAR –

Name of the student:

Male:

Field of Study:

Female:

Program studying at Home University

Study period: From:

To:

Sending (Home) institution: [Presidency University, Bangalore, India](#)

Receiving (Host) institution:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

Course code

Course unit title

Credits Semester

Total Credits:

if necessary, continue the list on a separate sheet

Student name:

Student's signature:

Date:

SENDING (HOME) INSTITUTION

We confirm that this proposed program of study / learning agreement is approved.

Institutional coordinator / Academic advisor

Name:

Signature:

Date:

RECEIVING (HOST) INSTITUTION

We confirm that this proposed program of study / learning agreement is approved.

Institutional coordinator / Academic advisor

Name:

Signature:

Date: