



LEARNING AGREEMENT
(Bilateral Student Exchange)

ACADEMIC YEAR **20** / **20**
Principal study subject:

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All applications for exchange programmes must be made through the International Exchange Co-ordinator in the home institution.

STUDENT/HOME INSTITUTION

Student's name:

Home institution: **University Mozarteum Salzburg**

Country: **AUSTRIA**

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

Host institution:

Country:

Period of study from DD/MM/YYYY	to DD/MM/YYYY	Duration of stay (months)	N° of ECTS credits
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Course unit code (if available)	Course unit title	Teaching method*	Number of ECTS credits / hours
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*(1)One-to-one teaching, (2)Small group teaching, (3)Lecture, (4)Other

If necessary, continue the list on a separate sheet.

Student's signature: **Date:**

CONFIRMATION HOME INSTITUTION	
We confirm that the proposed programme of study is approved.	
Responsible Person	
Name: Mag. Katrin Rudek	Function: (Office of the) Director of Studies
Signature:	Date:

CONFIRMATION HOST INSTITUTION	
We confirm that the proposed programme of study is approved.	
Responsible Person	
Name:	Function:
Signature:	Date: