**LEARNING AGREEMENT**

**ACADEMIC YEAR 2024/2025**

**FIELD OF STUDY at University of Hradec Králové: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| Name of student: Sending institution: Country:  |

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

|  |
| --- |
| Receiving institution: University of Hradec Králové, Philosophical faculty Country: Czech Republic |

|  |  |  |
| --- | --- | --- |
| Component code | Course unit title  | Number of ECTS credits |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

if necessary, add the lines

|  |
| --- |
| Student’s signature and date |

|  |
| --- |
| **SENDING INSTITUTION**We confirm that the proposed programme of study/learning agreement is approved. |
| Coordinator’s name and signatureStamp, date |  |

|  |
| --- |
| **RECEIVING INSTITUTION**We confirm that this proposed programme of study/learning agreement is approved. |
| Coordinator’s name and signatureStamp, date |  |