**LEARNING AGREEMENT**

**ACADEMIC YEAR 2024/2025**

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

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| Name of student:  Sending institution:  Country: |

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

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

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| Component code | Course unit title | Number of ECTS credits |
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if necessary, add the lines

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| Student’s signature and date |

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

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