

**LEARNING AGREEMENT
ACADEMIC YEAR 201_ /201_**

Field of study _____
 Name of student _____
 Name of Sending institution Kazan National Research Technological University
 Name of Receiving institution _____
 Country _____
 Period of study _____
 (day/month/year)

DETAILS OF THE STUDY ABROAD PROGRAMME

Course Unit Code	Course Title	Form of Assessment	Credits/ Working Hours

STUDENT

Signature _____ Date _____

SENDING INSTITUTION

We confirm that this programme of study/learning agreement is approved:

Director of
International Academic Programs Office

Signature _____ Date _____

Dean
Faculty of _____

Signature _____ Date _____

RECEIVING INSTITUTION

We confirm that this programme of study/learning agreement is approved:

Director of
Department/Office responsible for international
academic programs

Signature _____ Date _____

Dean
Faculty of _____

Signature _____ Date _____