

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

Field of study _____
 Name of student _____
 Name of Sending institution _____
 Name of Receiving institution **Kazan National Research Technological**
 University
 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
 Department/Office responsible for
 international academic programs

Signature _____ Date _____

Dean
 Faculty of _____

Signature _____ Date _____

RECEIVING 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 _____