

**LEARNING AGREEMENT
ACADEMIC YEAR 20__ / 20__**

Field of study _____

Name of student _____

Name of Sending institution _____

Name of Receiving institution KazanNational Research Technological University _____

Country _____

Period of sfudy _____
(day/month/year)

DETAILS OF THE STYDY ABROAD PROGRAM

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

STUDENT

Signature _____ Date _____

SENDING INSTITUTION

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

Director of
Department / Office responsible for international
academic programs

Signature _____ Date _____

Dean of Faculty of _____

Signature _____ Date _____

RECEIVING INSTITUTION

We confirm that this program of
Study / learning agreement is approved:

Director of International Affairs Department

Signature _____ Date _____

Director of the Institute

Signature _____ Date _____