Mittuniversitetet
MID SWEDEN UNIVERSITY

# LEARNING AGREEMENT

Academic Year:…… /……

| Name of student: | Personnummer/date of birth: |
|---|---|
| Sending institution: **Mid Sweden University (MIUN)** | |
| Receiving Institution: | |

**DETAILS OF THE PROPOSED STUDY PROGRAM ABROAD**
**to be filled in by Head of Subject at sending institution*

| Semester | Course code | Course unit title/name | Number of credits at host institution | Equivalent to: specific course or subject/level at MIUN | Number of credits at MIUN |
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***Note: any changes of the proposed study program must be reported to the International Coordinator at the sending institution!***

| Students' Signature:<br><br>Date: | |
|---|---|
| **SENDING INSTITUTION:** We confirm that this proposed Learning Agreement is approved | |
| Head of Subject's signature:<br><br>Date: | Departmental Coordinator's signature:<br><br>Date: |
| **RECEIVING INSTITUTION:** We confirm that this learning agreement is approved. | |
| Head of Subject's signature:<br><br>Date: | Departmental Coordinator's signature:<br><br>Date: |

***Scan and email this document to: maria.laven@miun.se***