

Learning Agreement

Student's name: _____

Personal ID reg. no.: _____

E-mail address during the study period: _____

Mobile phone: _____

Current programme/course: _____

Semester/year applied for: _____

Admitting University/College: _____

Country: _____

Study period (dates): _____ = _____ weeks

Amount of credits equivalent to 30 Swedish Credits (30 ECTS-credits): _____

Selected courses Points/ECTS

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Signature of Student: _____

School of Education & Communication (date) _____

Please note that you MUST attach course descriptions for the courses you have chosen!

The above courses substitute courses given at HLK to the equivalent of _____ points/ECTS.
(To be attested by the Study Counsellor)

Signature of Program Director: _____

Name: _____

Jönköping (date) _____