

LEARNING AGREEMENT

ACADEMIC YEAR:

Field of study:

Name of student:	KOVÁCS ZSÓFIA		
Sending institution:	SZENT ISTVÁN UNIVERSITY		
Erasmus ID code:			
Country:	HUNGARY		
Receiving institution:	UNIVERSITY OF COPENHAGEN		
Erasmus ID code:			
Country:	DENMARK		
Erasmus study period:	from:	to:	in months:
Study period in the receiving institution:	from:	to:	in months: 5 months 24 th August - 23 th January

DETAILS OF THE PROPOSED STUDY PROGRAMME AT THE RECEIVING INSTITUTION:

[illegible]

(If necessary, please continue on a separate sheet.)

We confirm that the proposed programme of study/learning agreement is approved.

Student's signature:	<i>Novas Zofia</i>
Date:	9/09/2009

Sending institution:	
Departmental co-ordinator's signature:	
Date:	
Institutional co-ordinator:	
Date:	

Official stamp:

Receiving institution:	
Departmental co-ordinator's signature:	<i>Ingrid Ruth</i>
Date:	9.10. Sept. 2009
Institutional co-ordinator:	<i>Ingrid Ruth</i>
Date:	9th Sept. 2009

Official stamp:

UNIVERSITY OF COPENHAGEN
DEPARTMENT OF PSYCHOLOGY
Oester Farimagsgade 2A, 2nd floor
DK-1353 Copenhagen
Phone: +45 3532 4900
Fax: +45 3532 4802



