

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM LEARNING AGREEMENT

ACADEMIC YEAR 2011/2012 - FIELD OF STUDY: Teacher Training

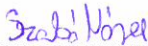
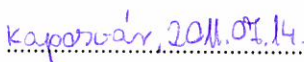
Name of student:
Nóra Szabó
Sending institution:
Kaposvár University (HU KAPOSVA 01)Country: Hungary

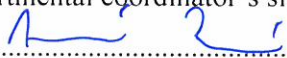
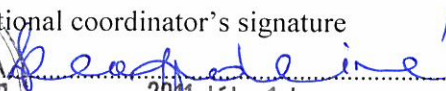
DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:
KATHO Katholieke Hogeschool Zuid-West-Vlaanderen (B KORTRIJ 01)Country: Belgium
.....

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits
A1	EILC-course (dutch)	3
A2	Focus on Europe	2
A3	Global Issues of the 21 st Century	3
	Education in Flanders	3
	Communicative Skill	3
	West European Myths and Fairy-tales	2
	Modern Art and Belgium	2
	Diversity	2
	Value Education	2
	Kinetic education	3
	Plastic arts education	3
	Pedagogical skills	3

if necessary, continue the list on a separate sheet

Student's signature	Date:
	

SENDING INSTITUTION	
We confirm that the proposed programme of study/learning agreement is approved.	
Departmental coordinator's signature	Institutional coordinator's signature
	
Date: 2011.07.16.	Date: 2011 JÚL. 14



RECEIVING INSTITUTION

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

Departmental coordinator's signature

On behalf of Mr. Andrus Termote
Charlotte Florin

Institutional coordinator's signature

[Signature]

Date: 25/08/11 KATHO International Office

Date: 26. 08. 2011



Name of student:

Sending institution:

Country:

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
.....		☐	☐	
.....		☐	☐	
.....		☐	☐	
.....		☐	☐	
.....		☐	☐	
.....		☐	☐	
.....		☐	☐	
.....		☐	☐	
.....		☐	☐	
.....		☐	☐	
.....		☐	☐	
.....		☐	☐	
.....		☐	☐	
.....		☐	☐	

if necessary, continue this list on a separate sheet

Student's signature

Date:

SENDING INSTITUTION

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

[Signature]

Institutional coordinator's signature

[Signature]

Date: 2011.07.16.

Date: 2011 JÚL. 14

**RECEIVING INSTITUTION**

We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

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Date:

Date: