

SENDING INSTITUTION

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

Cooperation Agreement's Coordinator*

Departmental Coordinator for the International Agreements

Signature:

Signature:

Date:

Date:

* The signature of the professor responsible for the Agreement is needed only in the event an International Cooperation agreement, attached in Annex 1, is in force.

RECEIVING INSTITUTION

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

The Responsible Person at the Receiving Institution

Stamp and signature:

Date: