UNIVERSITY OF OULU

LEARNING AGREEMENT

Student information	Name of student	E-mail address
	Home Institution	
	Duration of exchange (from – to)	
Host institution	University of Oulu, Finland	Erasmus Code: SF OULU01

Details of the proposed study plan
(see www.oulu.fi/university/studentexchange/studies)

	Course code (if available)	Course name	Term when offered	credits

Date _____ Signature of student _____

We confirm that the proposed learning agreement is approved.		
Home Institution	Coordinator name:	Stamp of Institution
	Coordinator signature:	
	Date:	
Host Institution	Coordinator name:	Stamp of Institution
	Coordinator signature:	
	Date:	