



ECTS-EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM
LEARNING AGREEMENT

Tomsk State Pedagogical University

ACADEMIC YEAR 2007..../2008.... - FIELD OF STUDY: ...Physics and
Mathematics.....

Name of student: **Ivanov Ivan Ivanovich**.....

Sending institution: **Tomsk State Pedagogical University** Country: ...**Russia**.....

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING
AGREEMENT

Receiving institution: **University of Wroclaw**..... Country:**Poland**.....

Course code	Course title (as indicated in the information package)	ECTS credits/hours
.....	Historia filozofii	60
.....	Klasyczna teoria pola	60
.....	Kwantowa teoria pola	60
.....	Fizyka jadra i czastek element.	60
.....	Fizyka statystycz. i teor. ciala stalego	60
.....	Historia fizyki	30
.....	Mechanika kwantowa	60
.....	Polish	100

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:

Date:

..

RECEIVING INSTITUTION

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

Departmental coordinator's signature

Institutional coordinator's signature

..... ..

Date: Date:

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

Name of student:

Sending institution:

Tomsk State Pedagogical University Country: ...**Russia**.....

Course code	Course title (as indicated in the information package)	Deleted course	Added course	ECTS credits/hours
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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

Institutional coordinator's signature

.....

.....

Date:

Date:

RECEIVING INSTITUTION

We confirm that 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: