

NAME OF HOME INSTITUTION					NAME OF HOST INSTITUTION				
NO.	COURSE NAME	CREDIT HOUR	TOPIC	CONTACT HOUR	NO.	COURSE NAME	CREDIT HOUR	TOPIC	CONTACT HOUR

I hereby declare that the information provided in this form is true and correct.

Student's Signature :

Date:

Name:

<p>HOME INSTITUTION: We confirm that the proposed programme of study/learning agreement is approved</p> <p>Dean's signature: _____ Institutional coordinator's signature: _____</p> <p>Date: _____ Date: _____</p>	<p>HOST INSTITUTION: We confirm that the proposed programme of study/learning agreement is approved</p> <p>Dean's signature: _____ Institutional coordinator's signature: _____</p> <p>Date: _____ Date: _____</p>
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IT IS RECOMMENDED TO SUBMIT THIS DOCUMENT WITH PROVISIONAL MODULES BEFORE YOU LEAVE.
THIS LEARNING AGREEMENT MUST BE COMPLETED WITHIN 2 WEEKS UPON ARRIVAL.