



ISTANBUL AYDIN UNIVERSITY
INTERNATIONAL ACADEMIC RELATIONS DEPARTMENT

EXCHANGE STUDENT LEARNING AGREEMENT

Name of Student	<input type="text"/>		
Sending Institution	<input type="text"/>		
Country	<input type="text"/>		
Institute/Faculty/School	<input type="text"/>		
Department	<input type="text"/>		
Study Period	<input type="text"/>	Academic Year	<input type="text"/>

Details of the Proposed Study Programme Abroad/Learning Agreement:

Home Institution

Course Unit Code	Course unit title	Number of Local Credits	Number of ECTS credits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total:		<input type="text"/>	<input type="text"/>

Host Institution

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total:		<input type="text"/>	<input type="text"/>

Student's Signature: Date:

HOME INSTITUTION: We confirm that this programme of study/learning agreement is approved.

Department Head's Signature
(Name Surname/Signature/Date)

International Relations Head's Signature
(Name Surname/Signature/Date)

HOST INSTITUTION: We confirm that this programme of study/learning agreement is approved.

Department Head's Signature
(Name Surname/Signature/Date)

International Relations Head's Signature
(Name Surname/Signature/Date)