



**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM
LEARNING AGREEMENT**

**ACADEMIC YEAR 2011
FIELD OF STUDY: Multimedia Design**

Study period - From:	To:
-----------------------------	------------

Name of student:
Sending institution:
ERASMUS ID code:
Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT:

Receiving institution:	EAL/Lillebaelt Academy of Professional Higher Education
ERASMUS ID code:	DK ODENSE 10
Country:	Denmark

Course unit code (if any) and page no. of the information package	AP Multimedia Designer	Number of receiving institution credits	Number of ECTS credits
4 th semester	Internship		15
4 th semester	Final Exam Project		15
	Total ECTS compulsory part		30

STUDENT'S SIGNATURE:.....	Date:.....
---------------------------	------------

SENDING INSTITUTION:	
We confirm that this programme of study/learning agreement is approved	
Department coordinator's signature	Institutional coordinator's signature
-----	-----
Date:-----	Date:-----

RECEIVING INSTITUTION: EAL (Lillebaelt Academy of Professional Higher Professional Education)	
We confirm that this programme of study/learning agreement is approved	
Department coordinator's signature	Institutional coordinator's signature
-----	-----
Date:-----	Date:-----

