



Learning Agreement for Incoming Exchange Students

*(Please fill in the form, print it and obtain the signature of your home university's coordinator.
Do not forget to sign them yourself.)*

Dear student,

Please note that the Learning Agreement only functions as a proposed study program which may have to be changed after your arrival.

The learning Agreement needs to be sent along with the other necessary application documents by email to atavartkiladze@cu.edu.ge

No need to send original form

Thank you!!!

ACADEMIC YEAR: 20...../ 20.....

Fall semester (I)

Spring Semester (II)

HOME UNIVERSITY:

FIELD OF STUDY:

LEVEL OF STUDIES:

BACHELOR

MASTER

FAMILY NAME:

GIVEN NAME

INDICATE BELOW THE COURSES YOU WISH TO TAKE AT CAUCASUS UNIVERSITY

I will be completing the following courses:

COURSE ABBREVIATION (i.e. ACCT 2110)	COURSE TITLE	NUMBER OF ECTS CREDITS

DATE:

STUDENT`S SIGNATURE:

HOME UNIVERSITY:

WE CONFIRM THAT THE PROPOSED PROGRAM OF THE LEARNING AGREEMENT IS APPROVED

INTERNATIONAL PROGRAM COORDINATOR`S SIGNATURE:

COORDINATOR`S NAME:

DATE: