

### AZERBAİJAN UNİVERSİTY

# ECTS – EUROPEAN CREDIT TRANSFER SYSTEM LEARNING AGREEMENT

ACADEMIC YEA	AR: 20_/20_ STUDY PERIOD: fromt	0
FIELD OF STUD	Y:	•••••
Name of student:		
Sending Institution	:	
Faculty/Department	at:	
City /Country		
RECEIVING I	NSTITUTION	
Name of University	y/Institution:	
Faculty/Department	nt:	
City/Country:		
DETAILS OF The semester	THE PROPOSED STUDY PROGRAMME ABROA	D
Course unit code	Course unit title (as mentioned in the information package)	Number of ECTS credits
Course 1: code:		

Course 2:		
code:		
Course 3:		
code:		
Course 4:		
code:		
Course 5:		
code:		
Course 6:		
code:		
Course 7:		
code:		
Student's signature	e: Date:	
Student's signature	Date.	
Spring semester		
Course unit	Course unit title (as mentioned in the information package)	Number of
code	Course difference in the information package)	ECTS credits
Course 1:		
code:		
Course 2:		
Course 2: code:		
code:		
code: Course 3: code: Course 4:		
code: Course 3: code: Course 4: code:		
code: Course 3: code: Course 4: code: Course 5:		
code: Course 3: code: Course 4: code: Course 5: code:		
code: Course 3: code: Course 4: code: Course 5: code: Course 6:		
code: Course 3: code: Course 4: code: Course 5: code: Course 6: code:		
code: Course 3: code: Course 4: code: Course 5: code: Course 6: code: Course 7:		
code: Course 3: code: Course 4: code: Course 5: code: Course 6: code:		
code: Course 3: code: Course 4: code: Course 5: code: Course 6: code: Course 7:		
code: Course 3: code: Course 4: code: Course 5: code: Course 6: code: Course 7:		
code: Course 3: code: Course 4: code: Course 5: code: Course 6: code: Course 7: code:	: Date:	
code: Course 3: code: Course 4: code: Course 5: code: Course 6: code: Course 7: code:	:Date:	

## SENDING INSTITUTION We state that the proposed programme of study

we state that the proposed programme	of study/learning agreement is approved.
Department coordinator's signature	Institutional coordinator's signature
Date:	Date:
RECEIVING INSTITUTION	
We state that the proposed programme	of study/learning agreement is approved.
Department coordinator's signature	Institutional coordinator's signature
Date:	Date:

#### Please send to:

Azerbaijan University
International Relations Office
Nasimi district, Jeyhun Hajibayli-71,
Baku, AZ 1007, Azerbaijan
or

Email the copies to international.office@au.edu.az

### **Deadlines:**

Fall semester: June 30 Spring semester: October 30