



AZERBAIJAN UNIVERSITY

ECTS – EUROPEAN CREDIT TRANSFER SYSTEM LEARNING AGREEMENT

ACADEMIC YEAR: 20__/20__

STUDY PERIOD: from _____ to _____

FIELD OF STUDY:

Name of student:	<input type="text"/>
Sending Institution:	<input type="text"/>
Faculty/Department:	<input type="text"/>
City /Country	<input type="text"/>

RECEIVING INSTITUTION

Name of University/Institution:	<input type="text"/>
Faculty/Department:	<input type="text"/>
City/Country:	<input type="text"/>

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD

Fall semester

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: _____ Date: _____

Spring semester

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: _____ Date: _____

SENDING INSTITUTION

We state that the proposed programme of study/learning agreement is approved.

Department coordinator's signature

_____ Date: _____

Institutional coordinator's signature

_____ Date: _____

RECEIVING INSTITUTION

We state that the proposed programme of study/learning agreement is approved.

Department coordinator's signature

_____ Date: _____

Institutional coordinator's signature

_____ Date: _____

Please send to:

Azerbaijan University
International Relations Office
Nasimi district, Tbilisi Avenue-72,
Baku, AZ 1102, Azerbaijan

or

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

Deadlines:

Fall semester: June 30

Spring semester: October 30