

**Annex to Learning Agreement for Studies**

Name and Surname ..................................................  
Faculty ..................................................  
Student ID No. ..................................................  
Year and semester of study during the mobility .........................................

Bachelor degree studies/ postgraduate studies/ uniform master-degree studies/ doctorate studies\*

Field of study ..................................

Speciality .....................................

Host university ..........................................

The following subjects from the summer / winter semester\* in the academic year 20..../20....

will be passed by the student at the University of Lodz:

|  |  |  |
| --- | --- | --- |
| Subject | Number of hours | ECTS |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\* to emphasise the correct one

Representative for the Erasmus program /

Area coordinator for ECTS credits Student’s signature, date

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